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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME WIRGINIA 26 HOUR DLSEN MARGARET TYPE OR PRINTS AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 4 RACE 5. DATE OF BIR MONTH DAYS Caucasian Female YRS. BALTIMORE CHY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED Baltimore City Maryland U.S.A. WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY 25 Nurae Nuraino 136 COMNTY 136 CITY OR JOWN 13d INSIDE CALY LIMITS? 13e STREET ADDRESS Maryland Charles Hwy 228 Box 271E / 20601 Waldorf NO X IS MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Olsen Sr. Harry Ethel Sanner Marv 17. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ABBT Saffron Dr. YES, NO OR UNKNOWN 214-10-3143 Anne O. Andrick Lanham. No Md. 20706 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUEN Fento Slow Man Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NOF 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) PM 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) STREET NOT WHILE 21s I certify that (buthes hospital) attended the deceased from deceased of and that in (my) (our) opinion death occurred on the date and hour and from the causes stated (did not) view the body ofter due 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL MPORTANT 22e ADDRESS 22d PHYSICIAN S NAME the S 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 10/7/85 Oakland Cemeterv Waldorf Burial BP. 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 Huntt Funeral Home: P.O.Box 156. Wald

W. PRESTON ST.

DIVISION OF VITAL RECORDS,

(VRA 15, 4)

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DHMH - 16 60M 7/8 (VRA 15, 4)

	STATE OF MARYLAI
FOR	DEPARTMENT OF HEALTH AND M
- STATE REGISTRAR	CERTIFICATE OF DE

ND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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283032	1-	FOR STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	REG. NO	
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the death gas	1	THPLACE TSTATE OR FOREIGN COUNTRY) ARAMAD YOR TOWN OF DEATH	76. CITIZEN OF WHAT COUNT L. S. A. 11. NAME OF HOSPITAL, NU JENGY IN SUCH FACULTY, GIVES	MARRIED NEVER MARRIED WIDOWED DIVORCED RSING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OF	YRS. R COUNTY OF DEATH DO R 12b. KIND OF BUSINESS OR INDUSTRI
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that the death certifical d by the attending bits lease remove contained iol, cremation, or temporal or other traumatic		18 CAUSE OF DEATH lEnter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	tricular tachyl ocardial Infai	rardia - 1	recurrent 10/1/85
n. no been signed permit. Then plue permit then plue we only injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT O		TO DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
NG PHYSICIAN. The ottending physicio free this centificate by the buriol-tronsit in and Mental Hygie hand Mental Hygie.	MEDICAL CER	21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA LIFE EITHER NOTIFY MEDICAL EXAMINER: 21d INJURY OCCURRED WHILE ☐ NOT WHILE ☐ AT WORK AT	TH HOUR A.M. MONTH	19 21f LOCATION	RED (ENTER NATURE OF INJUR CITY OR TOV	
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TO HOSPITAL TO HOSPITAL TO FUNERAL should be det with the Store	23a. I	228 PHYSICIAN'S NAME (IVPEOI DAL)A S BUMAL, CREMATION, REMONAL	. SIMPL	226 ADDRESS 230 NAME OF CEMETERY OF CREMATORY 10 SAR	1 HOSP	im OFF MD
DHMH - 16 60M 7/84	24	NERAL DIRECTOR	1	1 1 250 DA	TE REC D. BY REGISTRAR	256 REGISTRANS SIGNATURE

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23c NAME OF CEMETERY OR CREMATORY

Ogbona Cem

DHMH - 16 60M 7/84 (VRA 15, 4) 230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Buria

Wm. C. March Funeral Home 1101 F. North Ave. Balto.

2/85

23b. DATE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

CITY OR TOWN

23d LOCATION

Julia Teviden Pantare

COUNTY

16 Ble John Linder Friend

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 302047 DECEASED NAME 20 DATE KNOWN X TYPE OR PRINTI 0 - 23 - 85MARTE DEATH MATED KIM ORTMAN 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 10-23-85 11-26-75 11PM Female White DEAD Th. CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City U.S.A. Maryland DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Baltimore Francis Scott Key Medical Center Student ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 4709 Homesdale Ave., 21206 13h COUNTY 13c CITY OR TOWN Md. Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Patricia Gorsuch Ortman 21206 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES! Patricia Ortman, 4709 Homesdale Ave no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) As thma DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 102 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X MENT (21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. I CITY OR TOWN WHILE NOT WHILE COUNTY STATE Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinion Inquiry death resulted fram: Natural causes X Hamicide Suicide Undetermined manner TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD E TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARY TITLE (SPECIFY) Assistant MEDICAL EXAMINER SIGNED 10-24-85 EXAMINER'S NAME Margarita A. Korell.M.D. Penn Street 230 BURIAL, CREMATION, REMOVAL 236 10/26/85 Cremation Baltimore, Maryland tv Process 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 125b REGISTRAR'S SIGNATURE **DHMH - 17** Joseph N. Zannino, 263 S. Conkling St (VR A15 ME (5))

STATE OF MARYLAND

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRS	T MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR P
(TYPE OR PRINT) DAV	TD	ORZECK MD.	OCTOBER 21, 19	
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Caucasion	4°01H 17°4Y 15	80	MONTHS DATS HOURS MIN.
New York	76 CITIZEN OF WHAT COUNTI	RY? 8 MARRIED 🖾 NEVER MARRIE WIDOWED DIVORCE		
BALTIMORE	THE JOHNS HOPK			12h KIND OF BUSINESS OR
ISUAL RESIDENCE IN NURSING TO 130 C FLORIDA	ME OR OTHER INSTITUTION GIVE RESIDENCE BE COUNTY 130 CITY OR J Miami Miami		LUZO NI TO TOE	Street 9999
FATHER'S NAME FIRST	MIDDLE LAST	IS MOTHER'S MAID Esther		Brand
160 WAS DECEASED EVER IN U.S	S. ARMED FORCES? 166, SOCIAL S		ADDRESS	
NO NO OR UNKNOWN) (IF Y	066-22	-1169 Mrs. Lili	i Orzeck (wife) -	Same as 13
	DUE TO, OR AS A CONSE	OUENGE OF SOLUTION	Corciona E TERMINAL DISEASE OR CONDITION	24 hours 1 Year
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYIN		ICH OPERADON WAS PERFORMED		FYES, WERE FINDINGS USED RITEYING CAUSES OF DEATH? YES NO
OR CONTRIBUTION C CAUTE	DE DEATH HOUR A.M. MONTH	DAY YEAR	CORRED (ENTER NATURE OF INJURY IN THE	AIS PAKI I OKPAKI Z)
THE EITHER NOTIFY MEDICAL EXA	210 PLACE OF INJURY (AT HOME STREET FACTORY, OFF	ICE FARM ETC.)	CITY OR TOWN	COUNTY STATE
	hospital) attended the deceased fra ve onlid nat) view the body after death.		pinion death occurred on the date and	hour and from the couses stoted
22b. SIGNATURE Day	id Brown	DEGREE ATTEND PHYSIC	DING MEDICAL STAFF	10/21/85
22d. PHYSICIAN'S NAME I		TOANS	HOPKINS HOSPI	TAL, BALTO., M.
230 BURIAL, CREMATION, REMO (SPECIFY) Removal	23b. DATE 10-23-85	3c. NAME OF CEMETERY OR CREMA	TORY 23d LOCATION CITY OR TOWN	COUNTY STATE

IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar other troumatic event, th TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burnal-transit permit. Then please remove carbon papewing the State Dept, of Health and Mental Hygiene prior to burnal, cremation, or removal. DHMH - 16 60M 7/B4

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

State Anatomy Baord

24 FUNERAL DIRECTOR

Baltimore, Maryland

OCT 24 1985 Julia Davidon-Andale

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

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J	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. 1	١٥.		
	1 DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE	OWE	NI	20. DATE OF DEATH	10-08-	85 11:0	17 A
	3. SEX FEMALE	E BLACE	S. DATE OF		6 AGE (INLYEARS LAST B	PRTHDAY) IF UND	DER I YEAR IF UNDER	24 HRS MIN,
1	IRTHPLACE (STATE OR F	ND. USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY BALTIN	OR COUNTY OF D	174	MD.
2	BACTIMU		PITAL, NURSING HOME OR ILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST		L KIND OF BUSINE DUSTRY	SS OR
1	MARYCANIS		BALTIMORE.	RES NO [13e STREET ADDRESS	ZIP CODE DMONL	303	AVE
1	BYRD	WIDDLE	WENS	MOTHER'S MAIDEN NA	MIDDLE	MA	RTIN)
	160 WAS BECEASED EVER	IN U.S. ARMED FORCES? 16b. (IF YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO.	CORIA OU	verus -	1803 R	UDISIG	CC
	Conditions, if any, gove rise to imm cause to storin underlying cause	DUE TO, OR AS which hediate 9 the DUE TO, OR AS	A CONSEQUENCE OF A CONSEQUENCE OF		sease.	NOTION CIVEN IN	0.001	
	90 DATE OF OPERAT	· DM-	FOR WHICH OPERATION		200 AUTOPSÝ? YES NO V	20b. IF YES, WER	E FINDINGS USED CAUSES OF DEAT	H?
	OR CONTRIBUTING CO	AUSE OF DEATH HOUR A.M. CALEXAMINER) P.M. ZIED ZIE PLACE OF IN	MONTH DAY YEAR	ELL HOW INJURY OCCUR	RRED (ENTER NATURE OF IN)			TATE
	22a I certify that (I) sow the decease	(this haspital) attended the dec	death 19 , and	that in (my) (our) opinion		2	that (1) (v fram the causes sta 2c DATE SIGNED	-,
	BICH	ME (TYPE OR PRINT) T DUONG	2	LUTHERA	DIRECTOR PHYS	PITAL	10/8/8	5
	230 BURIAL, CREMATION,	REMOVAL 236 DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d LOCATION			400

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

DHMH - 16 60M 7/84

(VRA 15, 4)

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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		1-	FOR STATE	D	EPARTMENT OF	IE OF MARYLA HEALTH AND A FICATE OF D	MENTAL HYGI	ENE 5	2 8	8 /	,
30206	4	1 05	REGISTRAR	MIDDLE	CERTI	LAST	LAIN	REG. NO			
	1		CEASED NAME FIRST		D =		23.4	2a. DATE OF DEATH	MONTH DAY	YEAR 2b HO	JR
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ge 4 mo ector. p		3 SE	male	black	5. DATE	OF BIRTH	1932	6 AGE IN YEARS LAST BIR	YRS	DAYS HOURS	R 24 HRS
Pour House	ė -	7a BI	RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	ED NEVER N	A B D IED	BALTIMORE CITY O	R COUNTY OF DE	ATH	
nerol n 72	0 /		OUNTRYS.C.	USA	WIDOW		ORCED	Baltimore	city		MD
ofter d y the fu	300		TY OR TOWN OF DEATH 1timore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY G		Tale To San Control	TUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Laborer		KIND OF BUSIN	
120 ours in b	pe	USU.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDEN	NCE BEFORE ADMISSION)			1.	· A COIIS	s c i a c
AND 2	RE		Md	Balti		YES 🔀	NO 🗆	3523 W. Be		Ave 2	1215
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	<u>එ</u>		om		lmer	Roser				Goldstor	1
ond coges	edical			VE WAR OR DATES)	AL SECURITY NO.	17 INFORMA		523 W. Belv		0	
LTIA	F B		NO		50-1328_	Mary Pa	umer 3	JZJ W. DETV	euere Avi	APPROXIMATE INTE	DVAL
DIVISION OF VITAL RECORDS, 201 W. OR PHYSICIAN: The low requires that the transfer his certificate has been signed by the build-transit permit. Then please in the ond Mental Hygiene prior to burnal, cre	s ony injury, or other	CERTIFICATION	PART 2 OTHER SIGNIFICANT Deligration Date of OPERATION	CONDITIONS CONTRIBUTIONS CONDITIONS FOR	NG TO DEATH BU			NAL DISEASE OR CON	DITION GIVEN IN I	E FINDINGS USE	ED TH?
AL I	how	RI						YES NO	YES	NO [
N OF VITA SICIAN: T ng physicin certificate rial-transi	dem 18 s		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA		ITH DAY YEAR	21c HOW IN.	JURY OCCURR	ED (ENTER NATURE OF INJU	RO I TRAG BI MBÎI MI YR	PART 2)	
IVISION IG PHYS offendin ter this c	rkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY		21f LOCATIO	N C	CITY OR TO	WH CO	IUNTY	STATE
o o o o	21 is ma		22a.1 certify that (I) (this haspi saw the deceased alive an	10 4	19		, 19 (our) opinion d	eath accurred on the de	ate and hour and fi	that (1) ((we) lost tated
AL OR STIEN y the hospital AL DIRECTOR detached for u one Dept. of H	T. If hem		22b SIGNATURE	at) view the body after deat	n.		TTENDING PHYSICIAN	MEDICAL STAI	F	O 24	85
O HOSPITAL etoined by th TO FUNERAL should be det	MPORTAN			Ce ICEN		7/1 ADDRESS	4.4	or st	BA	270 2	121
5 5 5 4 3	3	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR C	REMATORY	23d LOCATION	COUN	10	STATE
BP	_		Burial	10/29/85	Baltimo	re Ceme	terv	Baltimo			Md
DHMH - 16 60M	7/R4	24. FI	JNERAL DIRECTOR				25a DATE	REC'D. BY REGISTRAR		SIGNATURE	
VPA 15 4		Wil	liam C. March	E/H Inc West	4300 Wat	ash Ave	UL	1 25 1985		Serve Philipple	الله الله

1101 E. North Ave.

(VRA 15, 4)

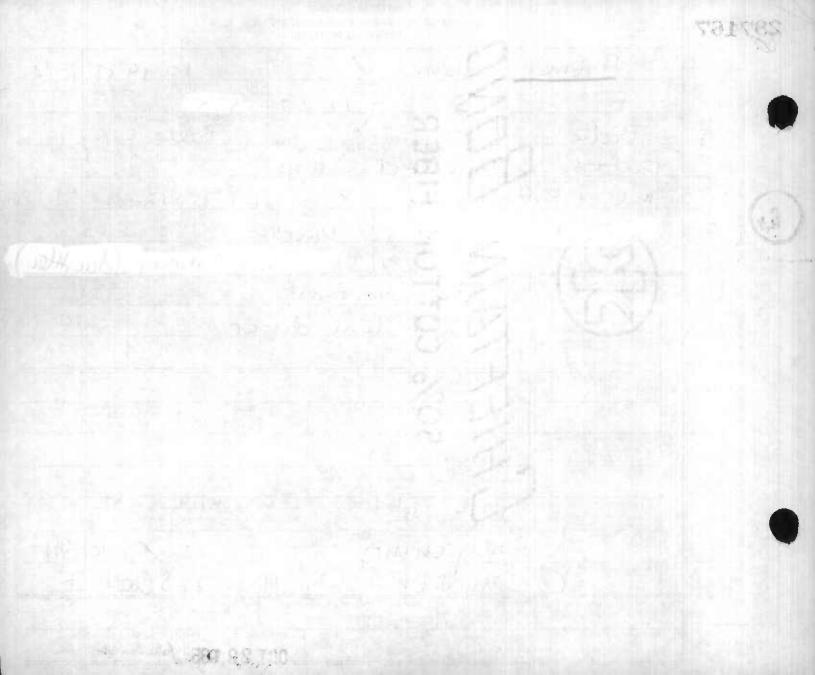
W.C.MARCH F/H CO.

STATE OF MARYLAND





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME MONTH 75 HOUR Marie TYPE OR PRINT Umor RACE 1. SEX 5 DATE OF BIRTH 6 AGE I IN YEARS LAST BIRTHDAY MONTH DAY YEAR a BIRTHPLACE TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTYA A 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP, CODE XIUUA Shrage 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE IN mice 160 WAS DECEASED EVEN IN U.S. ARMED FORCES? OCIAL SECURITY NO 17 INFORMAN 165 (YES, NO OR UNKNOWN) (F YES, GIVE WAR OR DATES) C. Palmer 641 N. Schroederst APPROXIMATE WITERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c). PART I DEATH WAS CAUSED BY Uh IMMEDIATE CAUSE (a. UNC Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF LOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM ETC) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. 19 64 have, (I) (we) (did) (did nat) view the bady after death , and that in (my) (aur) apinian death accurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAMES 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 73h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY BURTAL 10-23-85 **ARBUTUS** Arbutus Maryland 24 FUNERAL DIRECTOR 25a DATE REC D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 W.C. MARCH F/H CO. 1101 E. NORTH AVE Assia Burdson And 1872 (VRA 15, 4)



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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250 DATE REC'D. BY REGISTRAR 251 PREGISTRAR SSIGNA NE DUCT 23 1985 Julia Davidson

1	REGISTRAR		CERT	FICATE OF DI	HTA	REG. NO)		
	CEASED NAME FIRST William	MIDDLE	Palme	LAST		20 DATE OF DEATH		AY YEAR	2b. HOUR
3. SE)		RACE		OF BIRTH		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
3.367	male	NB14CI	4	TH . DAY	YEAR 17	68	YRS	ONTHS DATS	HOURS MIN.
7a BII	RTHPLACE (STATE OF FOREIGN 7	CITIZEN OF WHAT COUN	MARR WIDOV	NEVER M.	ARRIED -	BALTIMORE CITY O	male.		MI
		1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME	OR OTHER INSTI		120 USUAL OCCUPATION OF WORK FOR MOST O			F BUSINESS OR
13a S	AL RESIDENCE (IF NURSING HOME ORC STATE 13b COUNT	130 CITY OR		138. INSIDE CA	PLIMITS?	130 STREET ADDRESS /	ZIP CODE	Rison A	ve 21215
14 FA	THER'S NAME FIRST AMES	IDDLE SAIN	n ex		MAIDEN NAM	AE MIDDLE		145	NF
	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 716 SOCIAL 2151 2	SECURITY NO.	17 INFORMAN	vest	ine PA	Ime 1	r 3333	3 W. GAKA
	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate couse toi, stating the underlying couse last	RV.	SEQUENCE OF	re Conce	1125	, mehashal	nė	BETWEEN	MATE INTERVAL DNSET AND DEATH
NOIL	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING</u>	G TO DEATH BU	IT NOT RELATED 1	O THE TERMI		DITION GIVE	N IN PART 10	0
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATI	ON WAS PERFOR	MED	YES NO		WERE FINDING CAUSES	
-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	2 Ib. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEA	3	JRY OCCURRE	ED (ENTER NATURE OF INJUR	RY IN HEM 18 PA	RT 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE ONOT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, O	FFICE, FARM ETC.)	21f LOCATION	4	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did not)	10/16	and a		19 65 our) opinion d	eoth occurred on the do	ite and hour		that (II (we) last couses stated
-	Thomas K.	Galuin III		NIO PI	TENDING HYSICIAN []	MEDICAL STAP		22c. DATE	IS/OS
	22d. PHYSICIAN'S NAME (TYPE OR	K. Galvia	S	27e ADDRESS	15.4	Imou ere St	· BA	ill mo	21230

DHMH - 16 60M 7/84

should be detoched for use as the buriol-transit permit. Then please remove corbanpape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal

TO FUNERAL DIRECTOR, After this certificate has been

ATTENDING PHYSICIAN: The low ottending physician

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMONE

(VRA 15, 4)

304112

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH DECEASED NAME 4 RACE 1EAR 4 Caucasion 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Balkmore (DIVORCED II. NAME HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 13e.STREET ADDRESS / ZIP COD 408 Joyce Ave SW Ntoinette (UNKNOWN) IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Grace Palumbo 408 Joyce Drive S W 21061 NO 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic PART I. DEATH WAS CAUSED BY arrest ord. opulmonar; minutes IMMEDIATE CAUSE (0) ongestive Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse nears TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the decreased from_ sow the deceased alive on obove (I) (ive) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING MEDICAL MD PHYSICIAN | DIRECTOR PHYSICIAN 22e ADDRESS Hanover 3001 230 BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY (SPECIFY) Glen Burnie, A.A Maryland 10/29/85 Glen Haven Mem. Park Burial 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Hubbard Funeral Home, inc. 4107 Wilkens Avenue

DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 305084 I. DECEASED NAME 20. DATE KNOWN XX MONTH 26 HOUR (TYPE OR PRINTI ESTI-FUNERAL DIRECTOR.
FUNERAL DIRECTOR.
FOR YOUR FILES.
FUNERAL DIRECTOR.
FUNERAL DIRECTOR. DEATH MATED Alexander Parker 10-27 19 85 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 3 SEX DATE PRONOUNCED 19 85 DEAD 1932 MALE BLACK p. TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) Baltimore City, U.S.A. MARYLAND WIDOWED DIVORCED 12a USUAL OCCUPATION (TYPE OF WORK ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore University Hospital - STU LIAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) IN COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND 165 Main Street A.A. ANNAPOLIS YES X NO 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE WILLIAM PARKER MARGARET HALL 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7 INFORMANT Annapolis, Maryland 214001 NO 214-3044584 MARGARET LAND 29 Dorsey Ave. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Blunt Trauma to Head with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE FORWARDED TO THE FORWARDED TO THE FORWARDED TO THE FORWARDED TO BUT T BUR YES X NO [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING XXOR 10:48PM 8-9 19 85 subject fell after being pushed CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK street 36 Clay St., Annapolis, Anne Arundel Co., TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STABALLIMORE, MARYLAND, 2 Autopsy XX 27s. I certify that Littlek charge of the remains described above, held an ond in my opinion Homicide XX Undetermined monner LULLE (SPECIFY) 10-29-85 Assistant DATE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 73c. NAME OF CEMETERY OR CREMATORY 236 LOCATION BURIAL 11-1-1985 07/B4 PINELAWN MEM. PARK Annapolis, Md. 21401 25M 24 FUNERAL DIRECTOR **DHMH - 17** WILLTAM REESE & SONS MORTUARY, P.A. (VR A15 ME (5))

STATE OF MARYLAND

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A. T. TEATTON SEE & SELEN HATGITE

100 S 100

1300 Eutaw Place

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Chas.A.Rice FSPA

DHMH - 16 60M 7/84

(VRA 15, 4)

FIRST

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

0

24

YEAR

White

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOF

STATE

21225

20b. IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

Md.

YES [

A.A.

250 DATE REC'D. BY REGISTRAR 256 REGIST NOR'S SIGNATURE

IN CERTIFYING CAUSES OF DEATH?

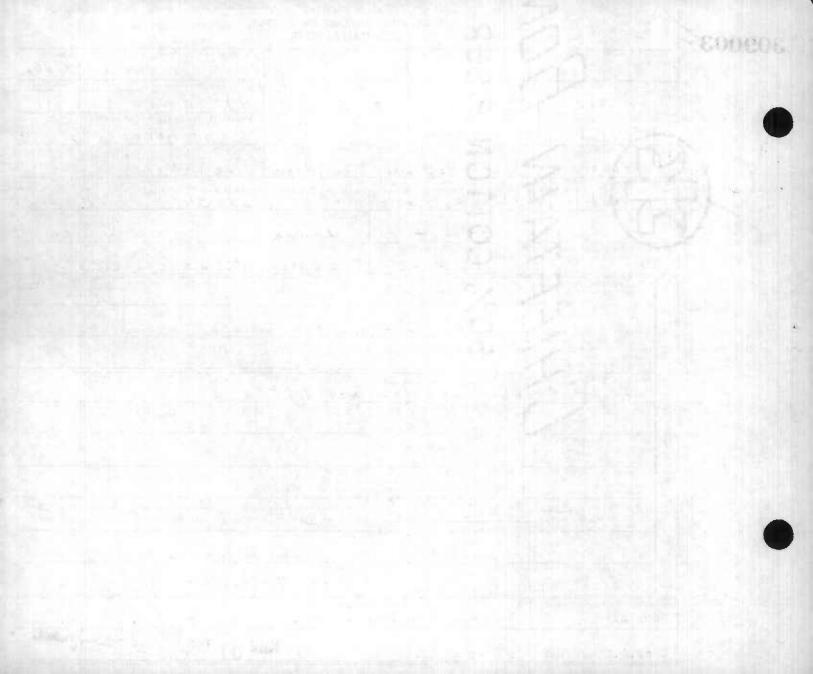
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IF LINDER 24 MRS

20. DATE OF DEATH



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

204

STATE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
T DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR	2h HOUR
HAZEL	N.	PARKER	OCTOBER 5, 1985	3:27A
3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE	AR IF UNDER 24 H
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7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
DATEMANDE	TT C 7	WIDOWED DEVORCED TO	RATITIMORE CITY	

WIDOWED BALTIMORE 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21213 13e.STREET ADDRESS / ZIP CODE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS?

N. LAKEWOOD AVE. APT. 1401 MARYLAND BALTIMORE YES K NOF 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST FIRST MIDDLE CARTER G. JAMES W. TYLER MABEL 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO LYES NO OR UNKNOWN)

1401 N. LAKEWOOD EDWARD J. PARKER 220-24-082 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY condicionalmenand 5 men ansot IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF 3hour Lypotenous Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse hour ruptured unaus

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(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21e PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE

220 1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on with the body ofter death and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 1015/05 min PHYSICIAN DIRECTOR PHYSICIAN

22d PHYSICIAN'S NAME 22e ADDRESS Johns Hopeum Hope Wolfe STREET MiGuire Maura

CEDAR HILL

23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE BURIAL COUNTY

24 FUNERAL DIRECTOR

W.C. MARCH F/H CO. 1101 E.NORTH AVE.

10-10-85

BALTIMORE CEM. MARYLAND 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

COUNTY

DHMH - 16 60M 7/B4

(VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTORE: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN CATE, WRITING THE WORD, "FENDING" IN PENCIL IN FORWARDED TO THE CHIEF MEDICAL EXAMINE POR PROPERTING BE USED AS A BUSHAL-TRANSTHE STATE DEPARTMENT OF HEALTH AND MENTAL WAND, 21201 PRIOR-TO BURNAL, CREMATION, OR REMAIN.	z			CONTRIBUTION	NO TO OCKIN	O NO REL	HEO TO THE TEAM!	MAL UISCAS	C UX CUMUITION	GITTEN IN PA	KI I I I				
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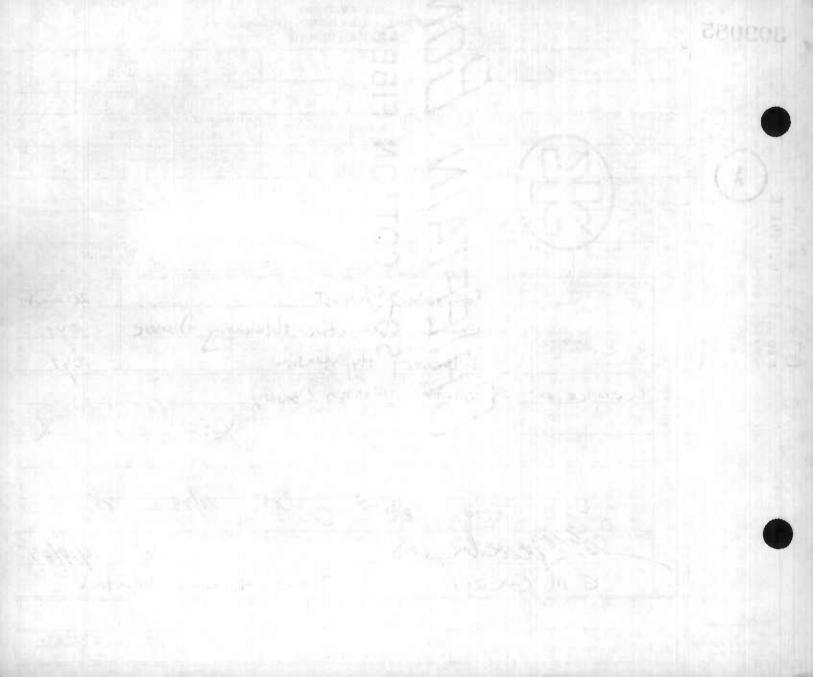
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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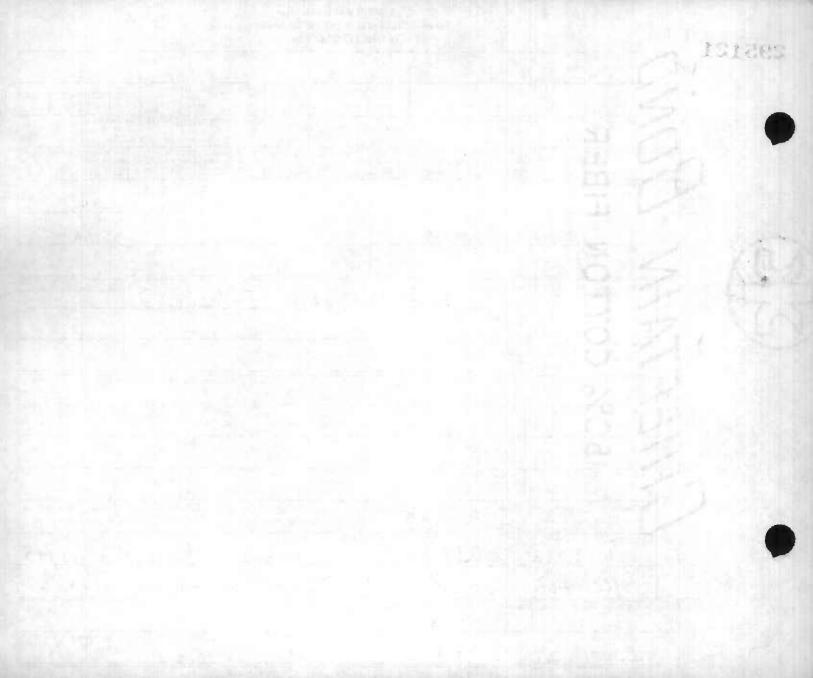
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DHMH - 16 60M 7/84 (VRA 15, 4)



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Pour Pour	i an		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH			
eoffn nerg n 72	do lo	(N.C.	USA		WIDOWE		Baltimo	re Ci	+37	MD		
vithin	o d	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST	TION	T2b. KIND OI	F BUSINESS OR		
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thin thin 2 sho	in a		THER'S NAME		1457		15 MOTHER'S MAIDEN N	AME					
1 2 2 2	1		Rayford	WIDDLE	Patte	rson	Ruth FIRST	WIDDLE		N/	A		
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STC learly trens	e a		Conditions, if any, which	(1b)	K AS A CONSLO	OLINCE OI							
the o	er tro	1	gave rise to immediate cause (a), stating the	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
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required sir to	2	CERTIFICATION	W3 (1) (Y										
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the hosp the hosp to DIRECT the DIRECT	# #e-		THE SIGNATURE	0 1	An.	.)	DEGREE ATTENDING	MEDICAL STA		22c. DATE S	IGNED		
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7 - 1 - S		23a. E	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	9.1.1	COUNTY	STATE		
BP	- 33		Burial	10/19	/85 Ki	ng Men	orial Park	Randalls			Md		
DHMH - 16 60M	7/84	24 FI	JNERAL DIRECTOR		ADDRESS		25a DA	TE REC'D BY REGISTRA	25b. REGIST	BARISSICALATA	Medica		
(VRA 15, 4)			W.C.MARCH F/	H Inc Wa	est 4300	Wabas	h Ave	1 7 0 1900	1				

STATE OF MARYLAND



		STATE OF MARYLAND STATE OF MARYLAND											
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1 376	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH							
5	N	MARYLAND	usA.	WIDOWED DIVORCED		DRE CITY.							
300	F	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR.	SING HOME OR OTHER INSTITUTION	17a USUAL OCCUPAT								
20		ALTIMOZE	UNWERSITY OF	= WAZYLAND HS		TO TO THE POST AND							
121	13a	AL RESIDENCE (IF NURSING HOME COL	NOTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION) OWN 136 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE							
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th.		18 CAUSE OF DEATH (Enter of	inly one couse per line for (o), (b),	ond (chi		APPROXIMATE INTERVA BETWEEN ONSET AND DE							
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ar re		INVINCEDIA											
cm on,		Canditions, if any, which	DUE TO, OR AS A CONSEC	DUENCE OF									
r fro		gave rise to immediate cause (a), stating the	(6)	Reference to the second	Total Section								
othe othe	15.	underlying cause lost.	DUE TO, OR AS A CONSEC	DUENCE OF									
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to b	NO				MINITED BEFORE ON CO.	DITION ON EN INVINCENTO							
117	I B	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED							
117	E				YES NOT	IN CERTIFYING CAUSES OF DEATH? YES NO NO							
8 S S	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJU								
		OR CONTRIBUTING CAUSE OF D	AIII	DAY YEAR									
Them 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION									
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ork				10 27 10 8	- 10/27								
SI SI			oital) attended the deceased from	85, and that in (my) our apinio	5 to 10/27	19_85, that (I) (we							
t. of m 2			n 10 2-7 19 at view the body ofter death.		on death accurred an the ac								
Pep f Re		22b. SIGNATURE	1 11.11	DEGREE ATTENDING	AAEDICAI STAI	224. DATE SIGNED							
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0		MARTIN J	KELLY	UNIV. OF	MARYLAN	P HOSE							
3	23a	BURIA, CREMATION REMOVA	23b. DATE 23	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION								
3		SPECIFY			CITY OR TOWN	COUNTY							
1011 7 7	24 F	UNERAL DIRECTOR		25a. D	ATE REC'D, BY REGISTRAR	256 REGISTRAR'S SIGNATURE							
OM 7/B4		NAME ANATOM	, Bray n ADDRESS	NOV	6 1960 9	wie Davidson-Aandells							

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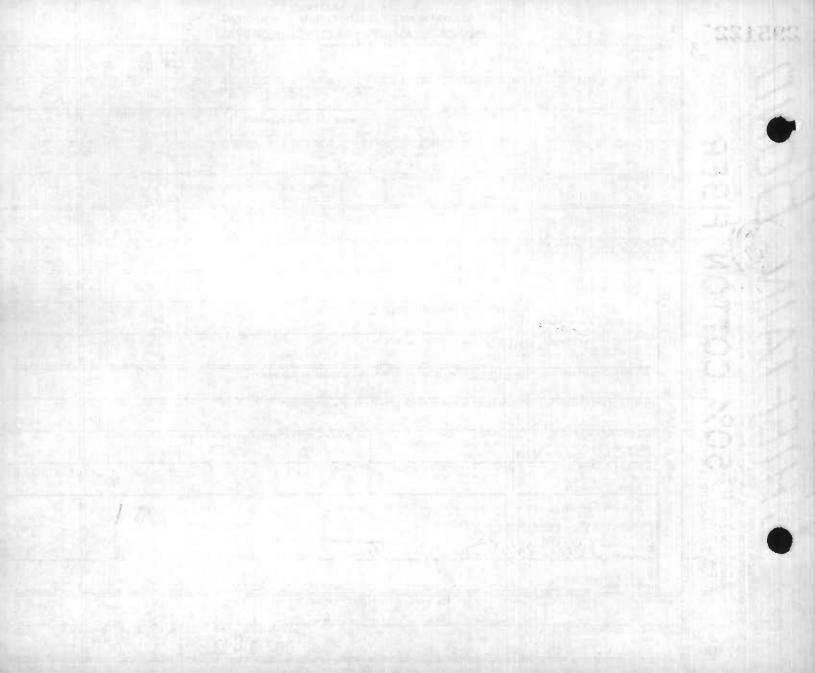
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 308001 REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN XX MONTH OF ESTI-DEATH MATED E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
W. PRESTON STREET, Lewis Paul 10 - 2819 85 4 RACE 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 8:56 DATE YEAR LAST BIRTHDAY PRONOUNCED 5 DEAD 10 - 2819 85 p. M 7b. CITIZEN OF WHAT COUNTR A BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED Baltimore City DIVORCED 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS Sinai Hospital Baltimore Public Schoo SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d INSIDE CRY LIMITS? 13e. STREET ADDRESS 14. FATHER'S NAME MIDDLE BROWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shotgun Wound of Back DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL ICATE, WRITING THE WORL FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U YE SXIX NO [21g EXTERNAL CAUSE WAS 116. TIME OF INJURY APPROX. HOUR WEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR 10-28 19 85 CONTRIBUTING CAUSE OF DEATH 8:00 M. subject was shot 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK TX STATE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE. WR PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 rear of-4000 blk. Hilton St., Balto., Maryland Autopsy XX 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian HamicideXX Undetermined manner Natural causes Assistant 10-29-85 EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23c. NAME OF CEMETERY 07/84 BP 25M 24 FUNERAL DIRECTOR 25 OCT REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5))

(VRA 15, 4)

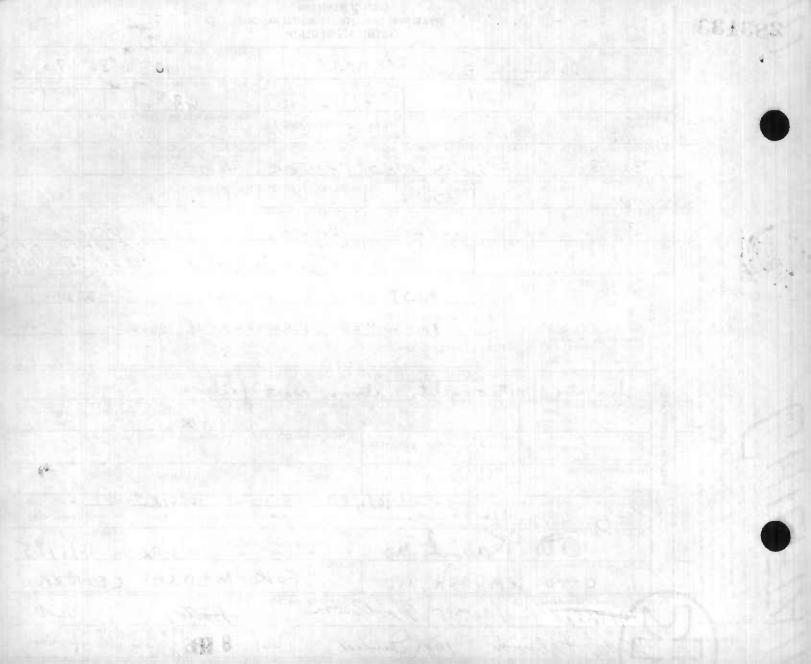
- STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 2 3 2 CERTIFICATE OF DEATH REG. NO.							
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b	HOUR			
Mac	ey	Payne	10		:10 RM			
3 SEX	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		URS MIN.			
Female	Black	/ 12 12	73 _{YR}					
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVERMARRIED	9 BALTIMORE CITY OR COU					
N. Carolina	Maryland	WIDOWED DIVORCED	Baltimore City, MD					
10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY					
Baltimore	Century Home OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR			Nursin	g Home			
Maryland 136 CO	UNITY 132 CITY OR TOW Baltim	ore 13d. INSIDE CITY LIMITS?	102 N. Paca St. 21201					
14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST				
160 WAS DECEASED EVER IN U.S.		JRITY NO. 17 INFORMANT	ADDRESS					
(YES, NO OR UNKNOWN) (IF YES, O	214306	898 Barbara Stra	ker 102 N. Paca	Stroot				
Conditions, if any, which gove rise to immediate cause lai, stating the underlying cause last PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b IF	YES, WERE FINDINGS RTIFYING CAUSES OF				
OD CONTRIBUTION CALLES OF	DEATH HOUR A.M. MONTH D	AY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)				
/ 4		10						
THE FITHER, NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
220 I certify that (I) (this has saw the deceased give above, (I) (we) (did) (did	P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE I	PARM, EIC) 211 LOCATION STREET 19 8 , ond that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	city OR TOWN to	, 19 , that	(I) (we) last es stated			
220.1 certify that (1) (this has saw the deceased glive above, (1) (we) (did) (did)	P.M. 21e PLACE OF INJURY (1AT HOME STREET FACTORY OFFICE I	211 LOCATION STREET 212 A 19 8 DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death accurred an the date and	haur and fram the caus	(I) (we) last es stated			
220 I certify that (I) (this has saw the deceased alive above, (I) (we) (did (Tdid	P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE I	211 LOCATION STREET 211 LOCATION STREET 212 ATTENDING PHYSICIAN 22e ADDRESS	death accurred on the date and	haur and from the cause	(I) (we) last es stated			

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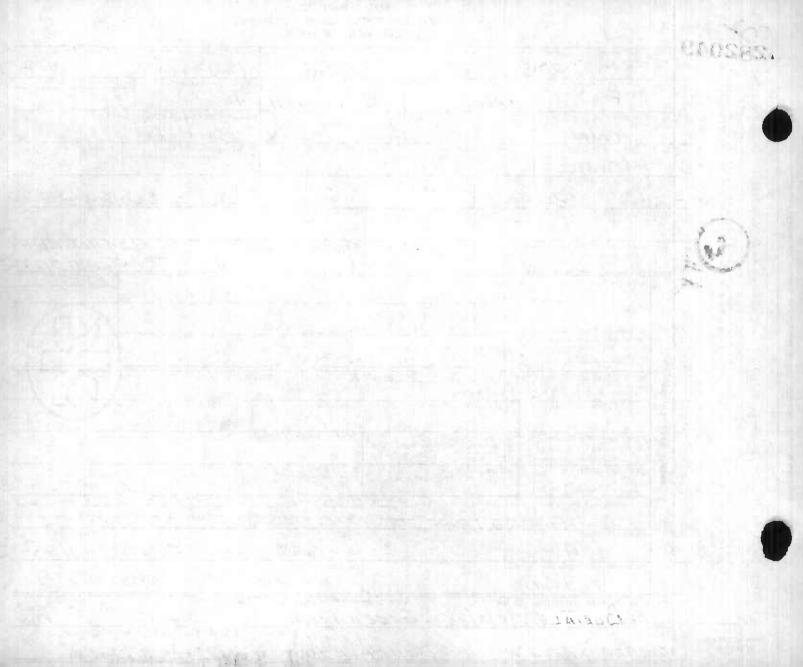
201	400		FOR STATE		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 28204									
395	122		REGISTRAR		MEI	DICAL EXAMIN			OF DEATH	REG. NO.				
	3		CEASED NAME OR PRINT)	FIRST		MIDDLE	(AST	OF	ESTI-	MONTH DAY		2b. HOUR	
	ASE LES. LES.			Lucy				eaco	DEATH	MATED XX		19 85	M	
	IS NECESSARY, PLASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. ED, WITHIN 72 HOURS 1 W PRESTON STREETS	3. SE)		olack	5. DATE OF BIRTH	YEAR 6 AGE (IN YE LAST BIRTHD	AY) MONTH	DER 1 YR. IF UNDE	R 24 HRS ?c. DATE MIN PRONOUN DEAD		10-14	0.5	9:37 a. M	
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	THE FULLED,		Md TY OR TOWN OF		(IF NOT IN SUCH FAC	PITAL, NURSING HOMI	E, OR OTHE	R INSTITUTION	12a USUAL OCCUP FOR MOST OF WOR	PATION (TYPE OF KING LIFE)	WORK 126 KIN	ND OF BUS		
	A D A H B		Baltimor			olet Avenu		t. #610	Retired					
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OW.	MINZ /	16a V	VAS DECEASED E	VER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURIT	Y NO.	7. INFORMANT		ADDRESS	114	· pci		
/E	Ser Sold		No	1 123.0142	WAR OR DATES!	212-18-936	50	Doris E.	Carey 302:	L_Gwynns	Falls	Park	way	
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DIVISH	WRITING WARDED AGE 3 SH ATE DEPA	MEDICAL	214 INJURY OCH WHILE AT WORK			OF INJURY (AT HOME, ORY, FARM, ETC.)	21f LOC	ATION REET	CITY OR TO	٧N	COUNTY		STATE	
•	TO MEDICAL EXAMINER: THIS CREED THE CERTIFICATE, WAR PAGE & SHOULD BE FORWARD TO FUNERAL DIRECTOR, PAGE AFTER DEATH, WITH THE STATE BALT MORE, MARYLAND, 21201		27a. I certify to death resulted ACTUAL SIGNATURE	/	ge of the remaining ration of the remaining ration in the remaining ration of	Acident . Su	Autops	Homicide	Undetermined mo	nner,	DATE SIGNED 10)-15-{	85	
	TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT BALTIMORE	100	EXAMINER'S NA (TYPE OR PRINT)	Denn	is F. Smyt			DOKE 33	Penn St.,	Balto.,	Md. 2	21201		
	EDE Z Z Z Z	23a. BI	JRIAL, CREMATIC			73c. NAME OF CE			236 LOCATION	Fire III	COUNTY	STAT	E	
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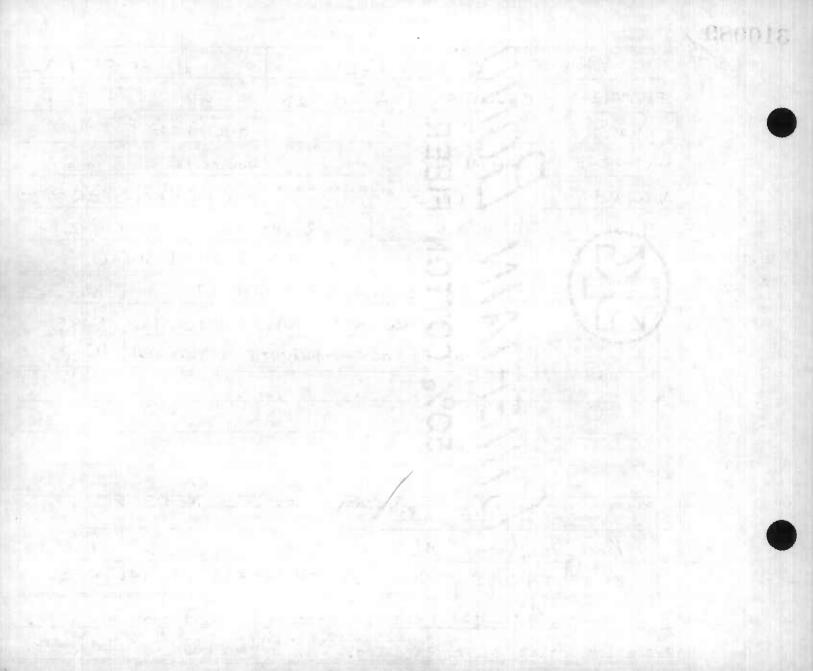


2831,33	1.	FOR 10-14-85 STATE REGISTRAR	e DER.PI	H.CALI DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENEO O	282	0 5
moy be poge 3		CEASED NAME FIRST DO RI	(E .	PE /		20, DATE OF DEATH		7:50 PM
lirector,	70.0	RTHPLACE (STATE OR FOREIGN	N CHITTEN OF W	VHAT COUNTRY?	MONTH	12 16	9. BALTIMORE CITY O	YRS	ATS HOURS MIN.
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in 24 hourshould be	130.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		13c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA		NSONWAY	21224
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MORE.		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166. SOCIAL SECT	URITY NO.	MRS JANIS	ADDRE MARTIN	OCEAN	CITY, MO
VITAL RECORDS, 201 W. PRESTON ST., BA N: The law requires that the death certificate systicion. The plant permit the plant of the offending physicions is permit. Then plant remove corban pape Hygiene prior to buriol, cremation, or removal B shaws any injury, or other froumatic event, the	CERTIFICATION	Canditions, if ony, which gove rise to immediate couse io), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	ED BY: ITE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CO	R AS A CONSEQUENTRIBUTING TO	SPIR SUM JENCE OF DEATH BUT	ED OVERWI	INAL DISEASE OR CONI Failure 700 AUTOPSY? YES NO	SEPSIS DITION GIVEN IN PART 206. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED USES OF DEATH?
DIVISION OF VITAL TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or otherding physicion. TO FUNERAL DIRECTOR: After this certificate is foodlibe detached for use os the buriol-troaning with the State Dept. of Health and Mental Hygien With the State Dept. of Health and Mental Hygien is marked or item 18 should hygien in the state of the	MEDICAL	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHITE AT WORK 22a. Certify that (1) (this hosp sow the deceased alive o above (1) we) (did) (did n 22b. SIGNATURE	21e PLACE C (AT HOME, STRI pitol) ottended the n 10 / C/ ot) view the body	OF INJURY RET, FACTORY, OFFICE. deceased from BS 19 Officer death.	FARM.ETC) FARM.ETC) OF MD	211 LOCATION STREET 19 Id that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [2720 ADDRESS	city OR 10	vivial country (Country (Count	r STATE, that (I) (we) last
BP		SURIAL, CREMATION, REMOVA		9-85 3	Wasse OF	EMETERY OR CREMATORY	23d LOCATION Ballo	COUNTY	metare
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	Watter Del	such-	1883	Duna	lelk "OC	8 RB5	281 REGISTBAR'S SIGI	2.1 .7.02



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH MONTH DECEASED NAME 7h HOUR TYPE OR PRINTI BRDI 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH MONTH YEAR MAUC 02 1939 19 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED Arwan WIDOWED DIVORCED W IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ICUN MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 210 ORKUNAY 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE 2609 YOR KWAY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) A. PECORA BALT. MD. 212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH -18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) NO CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [NO 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN [] DIRECTOR PHYSICIAN PORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b 0 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, REMOVAL 23b. DATE 23d. LOCATION CITY OR TOWN COUNTY STATE BP. KEEN MOUNI ISALIU 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) RITER DABROWSKI - 1005 DUMBALK TOO





JAMES

TYPE OR PRINT!

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PENNINGTON

5. DATE OF BIRTH

CERTIFICATE OF DEATH

REG. NO.

MONTH

31

IF UNDER I YEAR

20. DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

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2b HOUR

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IF UNDER 24 HRS

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	ith. rage	rol directo	/ Z hours a
	TO MOSTIAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours offer death. Fage 4 may be retained by the hospital or offending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and amendment of innecal director, page 3	should be deflached for use as the burnot-transit permit. Then please remove corban papers, Papers and a manual beard within 72 hours offer death with the State Dept. of Health and Mental Hygiene prior to buriol, crematian, or removal.
	24 hours	filled In	A
	ofed within	September 1	<u></u>
	be execu	non and	LIS. Pope
	certificate	ding physic	should be defacted for use os the buriol-fronsit permit. Then prease remove corban paper with the State Dept. of Health and Mental Hygiene prior to buriol, crematian, or removal.
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	Spital or	CTOR A	t. of Healt
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(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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25 25	→a B	RTHPLACE (STATE OR FOREIGN 76 *Virginia	USA	MARRIED WIDOWED	NEVER MAR	RIED .	Baltimore city or cour		MD.		
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BAR B	154	AL RESIDENCE (IF NURSING A GOOD STATE LY)	MER INSTITUTION GIVE RESIDENCE BEFORE 130 EUTY OR TOWN	ADMISSION)	134 INSIDE CITY YES NO	LIMITS?	13 STREET ADDRESS / ZIP CO	Spring	ave Lane212		
Y C	14. F.	ATHER'S NAME AMOS -MI	Penningto		15 MOTHER'S M	Laura		Hedr	icks		
S. Pope		166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 235-20-4940 Mrs.Grace E.Pennington, Sa									
an paper emoval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE			ARDIA		NFARCTION	APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH		
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t permit iene prio	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH (OPERATION	WAS PERFORM	ED		YES, WERE FINDING RTIFYING CAUSES O YES [
ertificate indetrons intol Hyg tem 18 sk		?1a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)							
ter this of the burner	MEDICAL	71d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	RM ETC)	211. LOCATION	V	CITY OR TOWN	COUNTY	STATE		
for use of Health		220 1 certify that (the hospital	0 ctober 31 10	To present		9 85 Popinion d	to October 3		not (I (we) lost		
JERAL DIRECTOR detached		Ber	men MD	D	PHY	NDING SICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DATE 9	31/85		
should be d		SKIAN'S NAME (TYPE OR P	NNER MD		301 S		AUL PLACE	BALTIMOR	E,MD ZIZ		
)		BURIAL, CREMATION, REMOVAL ISPECIFY) BULLAL	Nov. 4, 1985 CE	ame of ce edar	METERY OR CREATE Hill C	emt.	BaltownA.A.	Co.Maryl	andiate		
- 16 60M 7/B4		UNERAL DIRECTOR		Md.	21230	250 DATE	REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATU	RE		

McCarly Funeral Home, 13000 F. Fort Ave.

L.

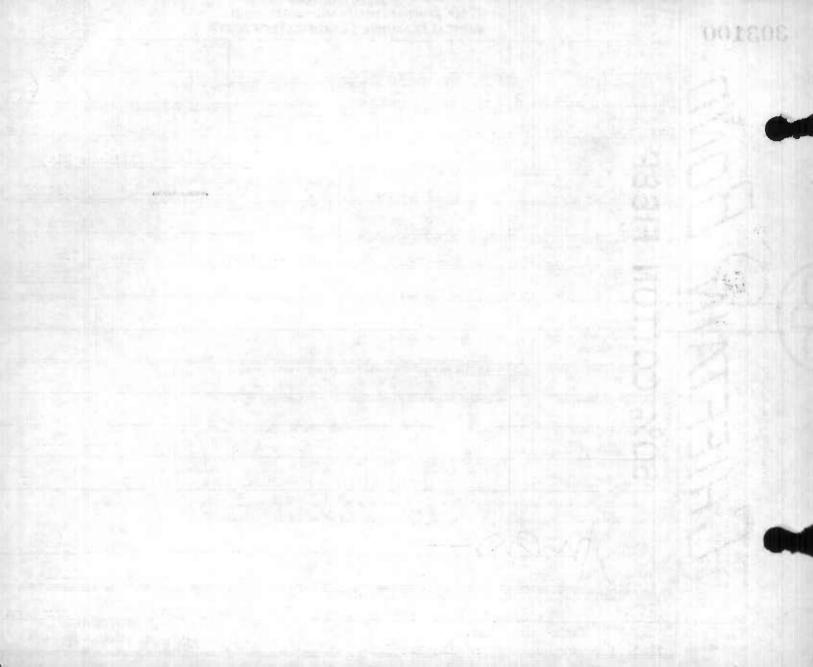
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(VRA 15, 4)

STATE OF MARYLAND

	1	1- STATE 10/31/85 ria DEPARTMENT OF HEALTH AND MENTAL HYGIENE										
303100	1.	REGISTRAR	/31/85 rja	ME	DICAL EXAMI	NER'S	CERTIFICATE O	F DEATH	REG. NO.	27.4		
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SETANOS IN	Acres 1	STATE	III OUN	TY	13c. CITY OR TOWN		13d: INSIDE CITY LIMITS?				21205	
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F-208	0	FIRST		MIDDLE	LAST		FIRST	EN NAME	MIDDLE	LAST		
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五 三 H			ns, if any, which									
A SAME AND			se to immediate) stating the under-		AS A CONSEQUENCE	OF						
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MAN DEPO	Z W	WHILE	NOT WHILE S	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY OR TO		COUNTY	STATE	
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NE PET S		death result	edafrom: Natur	rol couses .	Accident X			Undetermined m	ignner ,			
ARY ARY	1		A	0 ~			TITLE (SPECIFY)					
A HOUSE		ACTUAL SIGNATURE	MM	NXX		N	Assistant	MEDICAL EYA	DAT MINED SIG	TE 10-26-	-85	
SE S	7		111,									
MEDIC CUTETI SE 4 SP FUNER FUNER	-	EXAMINER'S	NAME An	n M. Dixo	n, M.D.		ADDRESS 111	Penn ST.	, Balto.,	MD 21203	1	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, AGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SI BALTIMORE, MARYTAND	23o.		TION, REMOVAL 2	3b. DATE	23c. NAME OF C	EMETERY C		23d LOCATION		OUNTY		
07/84 BP		urial		10/29/198	5 Garris	on Fo	rest	Owings			rvland	
25M	24	FUNERAL DIREC	CTOR Duda - P	uck, Inc.	J Galils	OH 10.	25a. DATE		AR 256 REGISTRAR'S	SSIGNATURE		
DHMH - 17 (VR A15 ME (5))						3	21222	1 28 198	5 grisa was	hasen-April	ette	
(**************************************		1922 WIS	se Avenue	Dunc	lalk, Maryl	and	21222		-1//			

STATE OF MARYLAND



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	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
4216	1. DECEASED NAME FRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY (TYPE OR PRINT) 10 / 17								7 /85	26 HOUR 7:50 PM			
mor mor	3. SE	FEMAL		RACE WH	ITE	S. DATE OF	DATE OF BIRTH MONTH / DAY / YEAR 10		74 75	YRS.	IF UNDER I YEAR	IF UNDER 74 HRS	
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The state of the s	13a S	at residence (if Nursi state aryland	county altir	nore I	city or tow	7			3 STREET ADDRESS	/ ZIP CODE ce Mil]	L Rd. 2	21131	
100/3/	Pa	THER'S NAME FIRST AMES	MID	McCarthy			15. MOTHER'S M Helen	st L	WIDDIE			O'Brien	
72	n n	VAS DECEASED EVER YES, NO OR UNKNOWN)	N U.S. ARME (IF YES, GIVE W		-170 9-0		Mrs. Fr		A. Baker, Pl	40.1	Md.	21131	
	1	18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and ic PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE								APPROX BETWEEN	(IMATE INTERVAL ONSET AND DEATH		
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equires the signed Then ples to burial injury, or	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
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spital or CTOR: A sforuse of Healt		22a I certify that M (this hospital) attended the deceased from 10/16, 19/85, to 10/17, 19/85, that M (we) last saw the deceased alive on 10/17, 19/85, and that in (pyr) (aur) opinion death accurred on the date and hour and from the causes stated obove, M (we) (did) (di											
y the hoy the hoy the hop to chec		276. SIGNATURE Edi- Vienny DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									22c DATE	17/85	
o Hospi									PITAL	,			
BP	230 BURIAL, CREMATION, REMOVAL (SPECBURIAL						METERY OR CRE	ery	Parkvil	Maria Company	elto.	Md. Md.	
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TEMALE

TO BIRTHPLACE (STATE OR FOREIGN

IRGINIA

10 CITY OR TOWN OF DEATH

SALTIMORE

SARY

4 RACE

BLACK

USA

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCHEACILITY, GIVE STREET ADDRESS)

DUTH BALTIMORE GENERAL

1 DECEASED NAME

1 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

14

MARRIED NEVER MARRIED

ETTUS

5. DATE OF BIRTH

WIDOWED

1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

CERTIFICATE OF DEATH

16

DIVORCED [

BALTIMORE CITY OR COUNTY OF DEATH

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

BALTIMORE

6 AGE (IN YEARS LAST BIRTHDAY)

HOMEMAKER

		96 No.		1.00		,
	REG. N	10.				4
2a. DATE OF	DEATH	MONTH	DAY	YEAR	2h HOUR	

IF UNDER 24 HRS

126. KIND OF BUSINESS OR

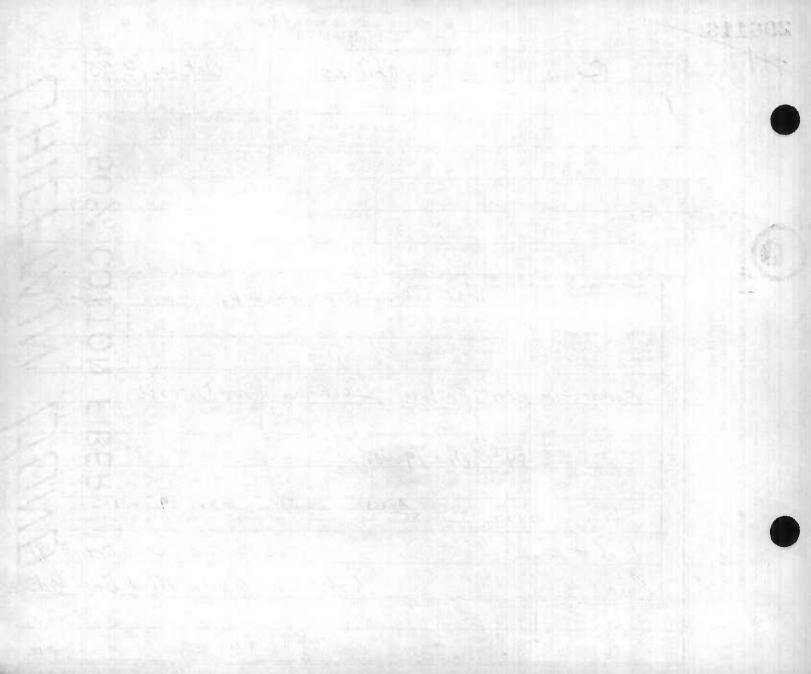
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TO HOSPITAL OR ATTENDING PHYSICIAN, the law requires the returned by the hospital or attending physician.	TO FUNERAL DIRECTOR, when this certificate has been signed be should be detached for use as the bund fromist permit. Their piece	APORTANT If here 21 is movined or herm 18 shows any milety, and
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TO HOSPITAL OF ATTENDING PHYSICIAN. The returned by the hospital or otherding physician.	84 10	1 5
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Dr.	_	_
BP.	- 16 60	M 7/

35	134	13b COUNT	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 134 CITY OR TOWN THIORE BALTIMORE		13. STREET ADDRESS / 7	
300	14. F.	ATHER'S NAME TOSEPH MI	GARDNER	7 ANNIE	WIDDLE	UNK
e medical	1	WAS DECEASED EVER IN U.S. ARMI (YES NO OR UNKNOWN) (IF YES GIVE V UNKNOWN)		William Pe	ADDRESS 105	W. SEFFRE
event, th		18 CAUSE OF DEATH Enter only PART 1. DEATH WAS CAUSED IMMEDIATE	V 00 0. 00 00 00 00 00 00 00 00 00 00 00	Inso Pficiency		APPROXIMATE INTE BETWEEN ONSET AN
of cremation, or rother traumatic		Canditions, if any, which gave rise to immediate cause to stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	mhated hange le	e calungi B	emic mel
to burie mjury, o	NOI	PART 2 OTHER SIGNIFICANT CO	NDITIONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELAXED TO THE TERMI	NAL DISEASE OR CONDIT	ION GIVEN IN PART TO
9	CAL CERTIFICAT	190 DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION	on was performed		OL IF YES, WERE FINDINGS US N CERTIFYING CAUSES OF DE. YES NO
9 19 9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		ED (ENTER NATURE OF INJURY IF	NITEM TS PART (OR PART 2)
hed or	MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK	218 PLACE OF INJURY [AT HOME STREET FACTORY, OFFICE, FARM, ETC.]	ZIL LOCATION STREET	CITY OR TOWN	COUNTY
21 15 700	6	22a. certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did not)	10 19 19 85	and that in (my) (our) apinian d	eoth accurred on the date	ond have and from the causes s
VT. If New		Thomas K.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	10/4/85
APORTA!		1 HOMAS K.	GAIVIN IN NO	3001 S. H	mover St.	Ballo. mo ziz
1.5		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	15/10/10/1	SUILLE VA.	BANTOWN	eE, county mD.
OM 7/84	24 F	UNERAL DIRECTOR NAME COUNTAIN THUMPSON	F.H. 1913W. B	BACTU. ST.OCT	1 5 1985	REGISTRAR'S SIGNATURE
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	1						STAT	OF MARYLAND			19	0	1 5
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	-		REGISTRAR				CERTIF	ICATE OF DEAT	н	REG. NO	5.		TILL DE
not			CEASED NAME	FIRST		MIDDLE	0	1 1 1	2	DATE OF DEATH	MONTH D	DAY YEAR 2h F	HOUR
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kou od a	No market	1, 5E	X .		4. RACE		S. DATE C			AGE (IN YEARS LAST BIR			NDER 24 HRS
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8 4 8	01	7a. BI	RTHPLACE (STATE OR	OREIGN	7h CITIZEN OF	White WHAT COUNTE	V2 8		0	65 BALTIMORE CITY O	R COUNTY	OF DEATH	
19 1	Yh		COUNTRY	1	COLT IN		MARRIE	NEVER MARRIE	ED 7	Baltimore			
8 51	134	16 C	Penna.	ATH	USA 11 NAME OF	HOSPITAL NUR	WIDOWE	D DIVORCE		20 USUAL OCCUPATI		12b. KIND OF BU	MD.
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2 = 7	20	A	laryland	Bal	timore	Arbut	us	YES NO	7	5019 Wil	bons	Avenue 21	229
1 1	112	79. 51	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
194	120	/	Leo		George.	Phil	lins	Maru				Fairobe	nt
Cal	30		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SE	CURITY NO.	17 INFORMANT	= 11/11/11	ADDRE	SS		
AP 32	14		Yes no or unknown	Arm		179-1	6-8928	Margaret	t K F	Phillips 51	119 Wi	Phons Aug	21229
—	4	-	18 CAUSE OF DEAT		7			Marramer		Winning 2	7 007	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
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tan Bu	2 6		100 VC 1 18	IMMEDIAT				0 - 1 - 1	Colla	· mrny	HALA	1.71.1	77.1
£ 75	0 6		C III II		DUE TO, O	R AS A CONSE	QUENCE OF					7248	
4 5	franch (-9	Conditions, if any, gave rise to imi	mediote	(b)_								
4 41	ther		couse (a), statin		DUE TO, O	R AS A CONSE	OUENCE OF						
2 D 3	9 0	13			(c)				_				
1 21	o the	z	PART 2. OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING	O DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON			
E 15	8 5	ICATION	Conge	STIVE	Hear	rail	ure	_ cren	nic t		ease	S, WERE FINDINGS	LICED
1 2	1 34		190 DATE OF ORERA	IION	196 COND	IIION FOR WHI	ICH OPERATIO	N WAS PERFORMED	,	200 AUTOPSY?	IN CERTIF	YING CAUSES OF	DEATH?
2 2 2 2 2	221	CERTIF						1		YES NO			0 🗆
3 3 3 9	= 0	120	21a. ACCIDENT WAS UNI		HOUR A	M MONTH,	DAY_ YEAR	21c. HOW INJURY	OCCURRE	(ENTER NATURE OF INJU	RY IN ITEM 18 P	PART OR PART 2)	
200	117	MEDICAL	(IF EITHER NOTIFY MEDI		10112	/1 . L	19 190					P. CIE.	
40 10	16 %	9	214 INJURY OCCUR	RED		OF INJURY	CE EARM FIC I	211 LOCATION STREET		CITY OF TO	WN	COUNTY	STATE
95 15	the de	2	WHILE NOT WE	HILE	(**************************************	ALCI, I NEVONI, OII	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
60 4 4	and a		22a.1 certify that (1)	(this haspi	tal) attended th		m Augo	19.	ES	, to October	79	19 85 , that	(I) (we) last
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 of T		sow the deceos abave, (1) (we) (ed olive on	October	19 19	85.0	nd that in (my) (our)	opinion de	ath occurred on the d	ate and hou	ond from the cous	es stated
REC NO.	to the	03	22h. SIGNATURE	and) (did ind	A	differ dediff.	E	DEGREE				22c. DATE SIGN	VED
	0 =		Roha	10 14	22			ATTEN	IDING	MEDICAL STA		0ct1	9 1985
44	37		22d. PHYSICIAN'S N.	AME (TYPE O	OR PRINT)	2.55		22e ADDRESS	CIAIT L	DIRECTOR E TITISK	JAIL E		7 1100
HOSPITAL Hed by IT FUNERAL	ORTANI ORTANI		Rilat	1/36				1401	Loca	L Raven	RIV	d. Roll	11/7/12
5 5 5 5	1 4	22.	1 Uyer	TUIN	Jan Dare	12	2. NIAME OF C	EMETERY OR CREMA		123d LOCATION	13/1	on//	1440
T 200			BURIAL, CREMATION,	KEMOVAL					ATORY	CITY OR TOWN		COUNTY	STATE
BP	_	24 -	Burial		10/22	/85	Meadou	ridge ,	DATE:	Dorsey	act DECISE	Howard	Md_
DHMH - 16 66	OM 7/84		UNERAL DIRECTOR		CL	ADDRES	is.			REC'D. BY REGISTRAR			2
(VRA 15,	, 4)	10	oseph F. An	10/10/56	, ST.	1328 Su	uphur.	Spring Rd.	Q	1 4 1 1985	3 0/3	a visit is an A	andre



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	EO	2301233	d.

250 DATE REC D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

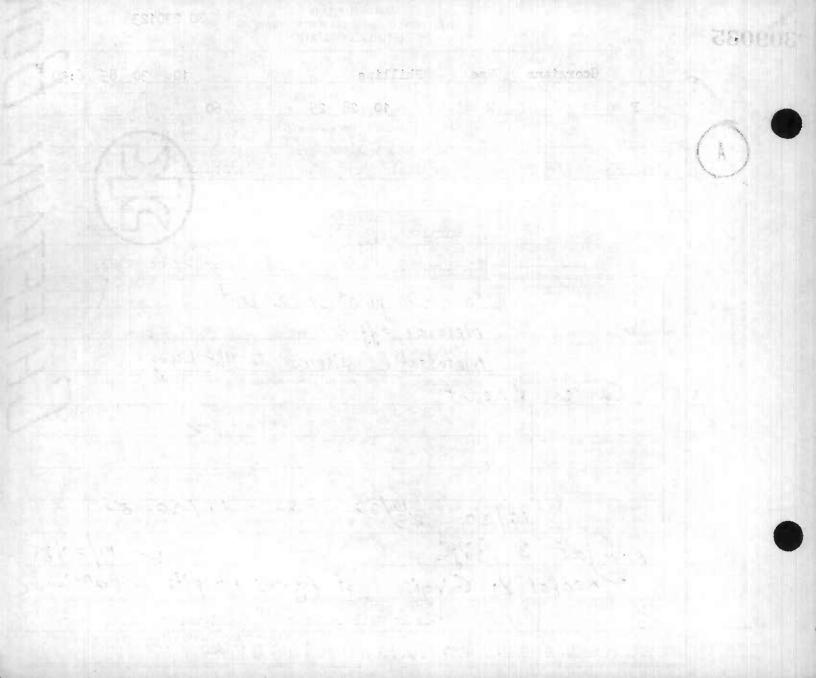
EO	2301235	2	5	

П		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.			
		CEASED NAME FIRST	MIDDLE	Į.	LAS1	20 DATE OF DEATH M	ONTH DAY	YEAR	26 HOUR
	(TYPE	Georgia	Rae	Philli	ins	10	30	85	6:30 PM
2	3 SEX		4 RACE	5. DATE C		& AGE (IN YEARS LAST BIRTHI	DAY) IF U	NDER I YEAR	10.0
1		F emale	w hite	MONTH 1(60	YRS.	THS DAYS	HOURS MIN,
6		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF	DEATH	
1		ryland	U.S.A.	WIDOWE		Baltimore	City		MD.
2	Ba	ltimore	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE St. Agnes Ho	spital	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Seamstress		126. KIND C INDUSTRY Men	's Suits
5	13a S	AL RESIDENCE (IF NURSING 7 DAE OF STATE 13 COURT Anne		TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 2		21076	
7	FAFA	ATHER'S NAME	MIDDLE LAS	11	15. MOTHER'S MAIDEN NA		WH	D 1A	SI
0	/Ge	eorge	Bur	ns	Alice		Section	Bur	ns
7		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRES:			
	No		220-12	2-8005	Rose Herr 1	.809 Dover Sta	reet 2	21223	
		PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONS DUE TO, OR AS A CONS DUE TO, OR AS A CONS	ral e	ffusion disease	to the Li	ing		
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING BARAF 196 CONDITION FOR W			MINAL DISEASE OR CONDI	TION GIVEN	IN PART 1	
	IFIC								S OF DEATH?
7	MEDICAL CERT	710. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEAL OF DEAL OF DEAL OF DEAL OF THE PROPERTY OF THE PROP		H DAY YEAR	211. LOCATION	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1	34	
	ME	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hospi	(AT HOME STREET, FACTORY O		STREET	CITY OR TOWN		COUNTY	STATE
		saw the deceased plive on	100 /	19 \$5. or		n death occurred on the date	and haur an	d Irom the	
		Lawfat	- X. Girgi		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	N	10	30/85
		22d PHYSICIAN SNAME (TYPE OF ROAF	at Y. Gii	rais	St. Agy	ies Hospit	a/-	Ba	Otimore
		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	CITY OF LOUIS		DI INSTA	67.475
		rial	11/2/85	Cedar H	Iill Cemetery	Brooklyn P	ark A	.A.	Maryland
	24 FL	INERAL DIRECTOR			25a DA	TE REC'D. BY REGISTRAR 25	. REGISTRAR	'S SIGNA	TURE-ILA/See

HUBBĂRD FUNERAL HOME, INC. 4107 WILKENS AVENUE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR



- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

JOHNSON 21133 8511 WINANDS ROAD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROX 5 MIX PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY STATE apinian death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN HOSPITAL OF STATE RANDALLSTOWN 24 FUNERAL DIRECTOR Chilia Dairidron Randelle TEWIS T. GWYNN 4517 PARK HEIGHTS AVE. 21215

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

85

12b. KIND OF BUSINESS INDUSTRY

8511 WINANDS RD.

DOMESTIC

21133

JE UNDER 24 HR

IF UNDER I YEAR

12 26 دلم دلم

303

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION,

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Burial

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY 10-21-1985 Morgan Chapel

DEGREE

22e ADDRESS

ATTENDING

PHYSICIAN

23d LOCATION Woodbine,

MEDICAL

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

DIRECTOR PHYSICIAN

Carroll,

22c DATE SIGNED

Md.

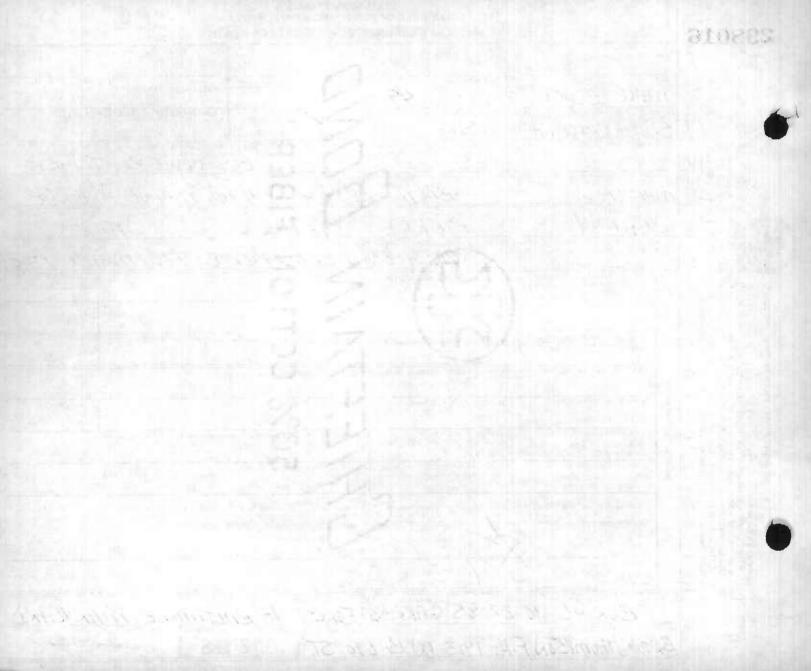
Charles W. Burrier, Jr., Sykesville. Md.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

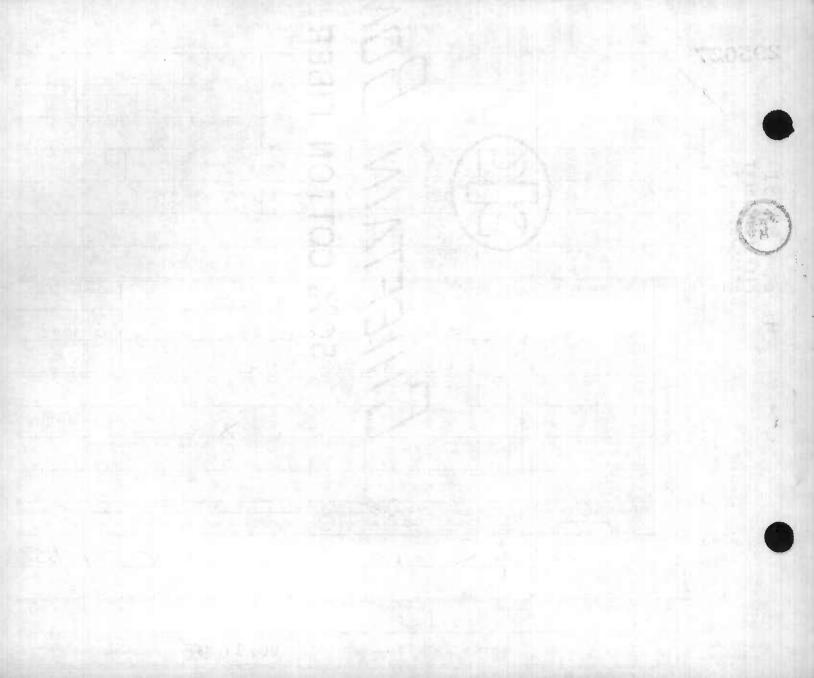
STAFF

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				STATE OF M	ARYLAND		24	A 10 1 1	3
	1	FOR STATE	DEPARTA	ENT OF HEALTH	AND MENTAL H	YGIENE 5	Em	0 -	1
298016		REGISTRAR	MEDICALE	XAMINER'S C	ERTIFICATE C	OF DEATH	REG. NO.		
230010		CEASED NAME FIRST	WIDDIE		LAST	2g DATE		MONTH DAY YEAR	26. HOUR
	(TYF	E OR PRINT)				OF-	ESII-		
IS NECESSARY, PLEASE REFUNERAL DIRECTOR. E. 5. FOR YOUR FILES. TOW, PRESTON STREET,		Junius			Pierce		MATED	10/ 15/9 85	M
売り三点	3 SE	4. RACE 5.	DATE OF BIRTH	AGE IN YEARS IF UN			E	AONTH DAY YEAR	4:30
N S IN	In	TALE RIDOR	9-78-3/	49 YRS MONTH	HS DAYS HOURS	MIN PRONOL		10/ 15/9 85	P M
N SINGE	7n D	RTHPLACE ISTATE OR 76	CITIZEN OF WHAT COUNT			0 BAITI	MORE CITY OF	COUNTY OF DEATH	I F M
SES SES		REIGN COUNTRY)	1160	MARRI	ED NEVER MARR	IED	MORE CITT OR	COOKITOT DEATH	
DAN SAN	15	OUTH CHROUNA	USH	WIDOW	ED DIVORC	ED 🗆 Bal	timore (City,	MD.
AY IS I THE PAGE 9 FILED.	10 C	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NUR		ER INSTITUTION	12a USUAL OCC	UPATION ITYPE OF	WORK 126 KIND OF BUS	
\$ F & E & E & L		Baltimore	(IF NOT IN SUCH FACILITY, GIVE STR			200 MOST OF W	ORKING LIFE)	INDUSTR	
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S SEEDER	13a. S			OR TOWN	1134 INSIDE CITYLEIMITS?	13e STREET ADD	RESS	61601	
E SERGES	M	ARY (AND)	BAC	TIMPRE	YES NO	4700	MAINE	E ANENII	E
9 = 01001	14. E	THER'S NAME		7. 7,07	15. MOTHER'S MAID	ENNAME	777777	7,00,00	
100000		FIRST / A / A / A / M	IDDLE DIE	SAF	FIRST	-0	MIDDLE	LAST	
A BOOK SHOW	-	301710107	FIEN	ile	IENNE			HMES	
TAR BERNEY	16a. \	VAS DECEASED EVER IN U.S. ARMEE		AL SECURITY NO.	17. INFORMANT	1	ADDRESS		1
*49 494 88		1, 10, 0, 0, 0	2/63	34-3340	BETIY +	IFECE	4700)	MAINE	4VZ
AME a S	-	THE CALISE OF DEATH (Enter native		17.55	100111		, 0.0	APPROXIMATE	INTERVAL
H WENT	1	18. CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY	ne couse per line for (o), (b),					BETWEEN ONSET	AND DEATH
至 主要公司市民	/	\$120 IMMEDIATE C		Multip.	le Injurie	S			
STO NATE NO NO NO NO NO NO NO NO NO NO NO NO NO	1	0/20	DUE TO, OR AS A CONS	EOUENCE OF					
ELECTION IN		Conditions, if ony, which							
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E 853787		lying cause last.	DOL TO, OK AS A CONS	EODEINCE OF					
2 2 2 2 2 2	1		(c)						
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ECORDS, 2 BE EXECU NDING: 1 NEDICAL E AS A BURI ATH AND CREMATIO	1 %	Berthall Britain							
五 日本。200	CERTIFICATION	19g. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION W	AS PERFORMED?			20 AUTOPSY?	
F SHOUL WORD TO HE SHOUL WORD TO HE SEE	I E								
Y 280 2 2 2	1 E							YES 💢	NO 🗌
P HANDER	1 8	210 EXTERNAL CAUSE WAS	HOUR XX. MONTH	DAY YEAR 21c. HC	OW INJURY OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM 18 PAR	TIOR PART 2)	
* SEOSES	3	UNDERLYING OR CONTRIBUTING CAUSE OF DEA		15/19 85 sul	niect drive	er in mul	tiple a	uto collisio	าก
CERTIFICATE S CERTIFICATE S TING THE WO SECTION THE SECTION OF S PRIOR TO BE	MEDICAL	214 INJURY OCCURRED		1AT HOME. 211. LO	CATION	CI III MICI	cipic a	aco corriste	711
S 05000	뿔	WHILE NOT WHILE X7	STREET, FACTORY, FARM, ETC	. j	TREET	CITY OR T	OWN	COUNTY	STATE
HIS	h	WHILE NOT WHILE AT WORK	roadway	11100	Block Hil	ton Parky	ay, Bal	to. City, Mo	d.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	22a I certify that I took charge of	the remains described above	e, held an Autap	sy X Inspectio	in . Inquir	. O and	n my opinion	
高なる豆芸会			provide a contract of	_				ir my apinion	
3年成界生气		death resulted from. Notural c	ouses Accident	, Suicide	, Homicide L	Undetermined r	nanner,		
XX SEE XX		ACTUAL	1	/	TITLE (SPECIFY)				
DICAL FETHE SETH SETH SETH SETH	1	SIGNATURE	XAA	M	D. Assista	nt MEDICAL EXA	MINER	SIGNED 10/16	5/85
DICAL TENERAL NEBAL NORE, Y									
#3#2#2 Z	-	(TYPE OR PRINT) Great	ory R. Kauffm	an. M.D	ADDRESS 1	ll Penn S	S+ .	and the second second	
TO MEDICAL EXECUTE HE PAGE 4 SHO TO FUNKERA AFTER DEATA	220 0	URIAL, CREMATION, REMOVAL 236.		AME OF CEMETERY O	ADDRESS	23d. LOCATION			
	239.6	PECHFY OLD ON REMOVAL 238.	27-05	AME OF CEMETERY O	R CREMATORY	CITY OR TOWN		COUNTY	ITE /A
07/84 BP		BUKIHL 10	- LL 87 61	trrisen f	OKESI VH	· BALTI	more,	MHRYCA	ND
25M DHMH - 17	24 F	INERAL DIRECTOR	ADDRESS		25a. DATE	REC'D. BY REGISTE		PAR'S SIGNATURE	
(VR A15 ME (5))	B	Portal Mones	F.11 1912 11	BATTO	STACT	23 1985	, he dre	idson Pandell	1.
(-000-1110111000	11120	VI-11-10.	0/1001	0 000	(1)		-



STATE OF MARYLAND



289158	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	IENE 3 5 2 8 2 2	- Administra
be oge 3	I. DECEASED NAME (TYPE OR PRINT)	MANDA Matie	PIHELGAS	20. DATE OF DEATH MONTH DAY YEAR 26 HOU	33 PM
ge 4 may ector pag ector de	3. SEX FEIYALE	4 RACE White	5 DATE OF BIRTH MONTH DAY 16, 1898	6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER MONTHS DAYS HOURS YRS.	24 HRS MIN
inerol dir.	70 BIRTHPLACE (STATE OR FORE	U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH	MD.
by the fulled with	BALT MUC		NURSING HOME OR OTHER INSTITUTION LESTREET ADDRESS! Home Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife 12b. KIND OF BUSINE INDUSTRY	SS OR
filled in rould be	Maryland 13	COUNTY 131 CITY O	imore YES XX NO	13*STREET ADDRESS / ZIP CODE 2614 Evergreen Ave. 2121	4
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Poges /	(YES NO OR UNKNOWN)	IF YES GIVE WAR OR DATES)	SO-3832 Mrs. Irene 1	aigro 4700 Long Green Rd.	2105
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O HOSPITAL O etoined by the TO FUNERAL DI thould be detock with the Store De MPORTANI; If P	226. PHYSICIAN'S NAM	E (TYPE OR PRINT)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN (0) 8/	8
Ope Charles	23a BURIAL, CREMATION, RE	MOVAL 23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN COUNTY S	TATE
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10-1-30 Jackson of 61

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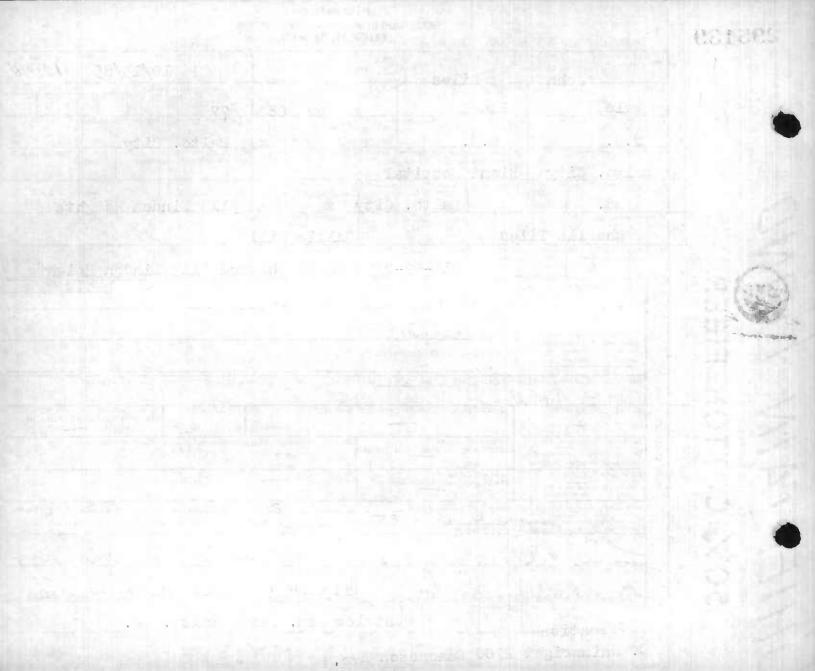
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DIGITIES . SIGNIFIES

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Po dir	7-9		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	□ NEVER MARR	IED 🗆	BALTIMORE CITY O	R COUNT	Y OF DEATH	
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the for d with	1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTI	ION	120 USUAL OCCUPATI		12b. KIND O	F BUSINESS OR
- 0 6	16		alto. City	Siani	Hospit	al						
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orther 2 st		14 FA	THER'S NAME	MIDDLE	LAST		IS MOTHER'S MAI	IDEN NAM	E MIDDLE		IAS	
MAR ed y	00			iles			Callie	Hill			163	
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Lank			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE	anly one cause pe	er line far (a), (b), an	d (c).)						MATE INTERVAL
1345744		12	PART I. DEATH WAS CAUS	SED BY:	Carrieve	usul.	· cullups	54				
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a state of the control of the contro			gave rise to immediate cause (a), stating the	DUETO	OR AS A CONSEQU							
N to the total			underlying cause last.	100000,0	DR AS A CONSEGO	EINCE OF						
B. a police			PART 2. OTHER SIGNIFICAN	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CON	DITION GI	VEN IN PART III),
Post of the Post o		NO	CHF H	3P.								
8	-	IFICAT	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	WAS PERFORMED)	20a AUTOPSY?		S, WERE FINDIN	
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D NO THE STATE OF		12%	220.1 certify that (1) this has	pital) attended t	he deceased fram_			81	_, toCo		19 05	that ((we) last
A PLANT OF THE PARTY OF THE PAR		13	saw the deceased alive above (D (we) (did) (did)			85,00	d that i (my) (aur)	apinian de	eath accurred on the de	ate and ha	ur and fram the	causes stated
PEC A			72h SHGNATURE	or wiew the bod	y after death.		DEGREE				22c DATE	
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PHT STATE OF THE S	1	0	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	unt	4	22e ADDRESS	ICIAN (-DIKECTOK PHISIC	IAN	1/0-/	7-85
HOSPI med b FUNE old be			1 . T n		1010		32 C V		(1)	1 11	12.1	
01 237	-	23c D	URIAL, CREMATION, REMOVA	L 23b. DATE		VAME OF C	EMETERY OR CREM.		23d. LOCATION	Ju 11	- 17d 2	1901
		(5	PECIFY)	238. DATE			ew Mem.		CITY OR TOWN	. Md	COUNTY	STATE
DUMU 14 4044 1 770		24 FI	Cremation NERAL DIRECTOR		- 11	02001			REC'D. BY REGISTRAR			IDE
DHMH-16 60M 1/73 (VR A 15 (4))		(C. Wainwrigh	+ 2700	ADDRESS			OCT	4 0 1005	0	avidon A	
(TK M 13 (4))				2/00	Lamonas	son A	ve.	001	18 800	ja s	all action	- france



9 0/61 78-46 01 HAROLD E E EALTHMORE TO CARDIOPHANOUNEY FEREST FUEL THE PARLIMENIA (ba)-4 Sollyw) CASTRIC CASCINGANA ENPER ALL THE STATE OF T DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

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1.	FOR STATE REGISTRAR		DEPAR		REALTH AND MENTAL HYG	REG. N	o.	da d	
	CEASED NAME FIRST		MIDDLE	l	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(1117)	BABY	BOY		PI	ITT	Called a second	10 29	85	5:40PM
3 SE	X	4 RACE		5. DATE C		6. AGE IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
1	MALE	BLACK		OCTO	BER 29,1985		YRS	HS DAIS	HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTR	VO 0	D NEVER MARRIED K	9 BALTIMORE CITY O		DEATH	
	MARYLAND			WIDOWE		BALTIMORI	E CITY		MD.
18 C	ITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATI		126. KIND C	F BUSINESS OR
3/4/	BALTIMORE		JOHNS HO		HOSPITAL	Time or work rocknost c	N ONKING (II E)	14DOSTKI	
130	AL RESIDENCE (IF NURSING HONE OF STATE 136 COU	OR OTHER INSTITUTION	13E CITY OR TO	NWC	13d INSIDE CITY LIMITS? YES X NO [13e.STREET ADDRESS .		37_	
1	ATHER'S NAME FIRST HARLES F.	MIDDLE	PITT	1123	15 MOTHER'S MAIDEN NA FIRST WANDA	WE	ЈОН	NSON IAS	șī .
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS		
1	(11 163 0	IVE TVAR OR DATES			WANDA PITT		AB	OVE	
CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	(c)CONDITIONS <u>C</u>		O DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN		
RTIFIC	P					YES NO	IN CERTIFYIN	G CAUSES	OF DEATH?
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE	ATH HOUR A	DF INJURY M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET FACTORY OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	22a I certify that (I) (this hasp				2.9 , 19 85		29 19		that (I) (we) lost
	sow the deceased alive or above, (1) (we) (did) (did no	ot) view the body	olter death.	8.5., or	nd that in (my) (our) opinion	death accurred on the de	ote and hour on	d from the	causes stated
	22b. SIGNATURE				DEGREE ATTENDING	MEDICAL STAI		22c DATE	SIGNED
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Edel	w,	MD	PHYSICIAN [10/2	2/85
	22d. PHYSICIAN'S NAME ITYPE	OR PRINT)	M.1)	1	Pediatrics	600 M	Wolfe	5+	000
23a I	BURIAL, CREMATION, REMOVAL	L 23b. DATE	23	NAME OF C	EMETERY OR CREMATORY	23d VOS 19940	·mois	2120	STATE
	CREMATION	10/30	/85	JHH		CITY OK FOWN	60	UNIY -	STATE
24 FI	UNERAL DIRECTOR				25a DAT	E REC'D. BY REGISTRAR	256 REGISTRAR	'S SIGNAT	LIRE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

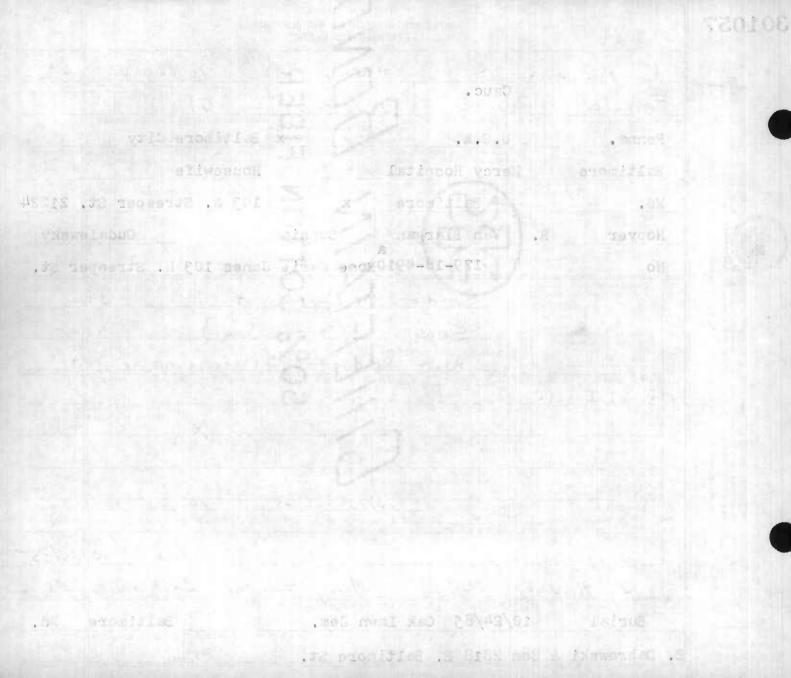
ADDRESS

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

312154	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND ME CERTIFICATE OF DE	NTAL HYGIENE 👸 👙	28225			
may be poge 3		CEASED NAME FIRST	Tompking	LAST	20. DATE OF DEATH 10 129 8				
ge 4 mai	3. SE	Note	1 RACE COUCOSION	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IFUNDER LYEAR IFUNDER 24 HRS MONTHS DAYS HOURS MIN.			
heoth. Po	10. BI	RTHPLACE (SINTE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY!	MARRIED MEVERMA	RRIED 9 BALTIMORE CITY OF	/* 1			
by the fu	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FAGILITY, GIVE STREE WWW.VEXSI.CH. MOW	MODRESS) HOSP.	UTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	N WORKING LIFE) THE LETTERS OF			
n 24 hou	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY)	OTHER INSTITUTION GIVE RESIDENCE BEFOR		LIMITE? 130 STREET ADDRESS /	ZIP CODE BELLIN PUS			
ompletely ond 2) F/	THER'S NAME DEN	Monshire Pietts	Pitts Augusta HULLIAM MAE					
n ond co Pogest	16a V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV VS-NOWY WW	E WAR OR DATES)		(wite)836-5482 APPRES YN D. Pitts BEI	Ed Pump Road for, Marylan (21014			
physicio in papers emoval.		PART I. DEATH WAS CAUSE	ily ane cause per line for (a), (b), a D BY: TE CAUSE (a) CAY GODU	monary arres		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH INSTAULAND OTS			
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requires recentification signer to burner to burner to y injury, or o'	MION		disorder	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR COND				
The low sicion.	CERTIFICATION	10 1 85	pelvic carci	noma.	YES NOW	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO			
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0 0 0 20 -		22b. SIGNATURE Jade	Mowers MD.	PH	ENDING MEDICAL STAFF	AND 10 29 85			
TO HOSPITAL TO FUNERAL should be deter with the Store		Jack How	XS MO		S. Greene St. 7	30H MD 21201			
BP	-	SURIAL, CREMATION, REMOVAL SPECIFY) SUCT A	Nev. 2, 1985 B	NAME OF CEMETERY OR CRE	Arders Bel Air, Harr	ord Go, Maryland 21014			
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FI	meral Director Foste	BE Air Manylo	Williams &	NOV 1 1985	b JEGISTRAR'S SIGNATURE			

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301057	1	FOR - STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE 8 5 2	8 2 2 0				
		REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	20 DATE OF DEATH MONTH DAY YEAR 26 HOLLR					
y be ge 3 feath	(TYP	Marcell	AR	Plumb	10/20	1 -35				
for Boge 3	3 SE		RACE Cauc.	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.				
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1134	130	AL RESIDENCE (IF NUR	THER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N 13d INSIDE CITY LIMITS?		per St. 21224				
				7.2013	MIDDLE ADDRESS	Gudalewsky				
S S S S S S S S S S S S S S S S S S S	100	YES NO OR UNKNOWN) (IF YES GIVE	179-18-	4910 Rose Marie		Streeper St.				
ertificate g physic		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one cause per line for (a), (b), and BY. CAUSE (a) Cardio	ac Arrhyth	mia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 hrs				
death contraction attending attending artending artendin		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE		00000()	4 days				
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AL OK A y the hos AL DIREC detached ore Dept		22b. SIGNATURE	MD	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED				
HOSPII sined by FUNER bold be the file file the St		J. KINN	rey M.O.	Mercy Hos	pital Balti	more Maryla				
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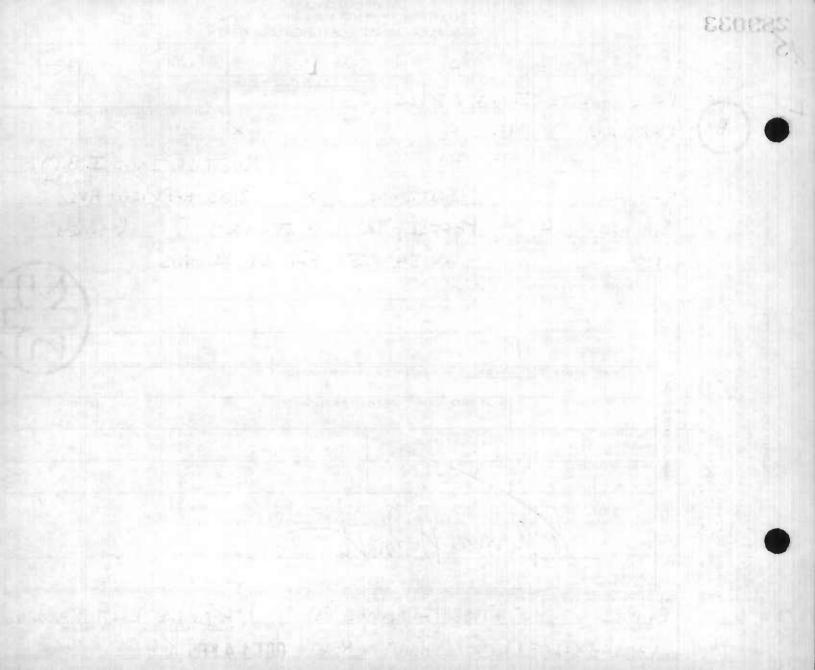
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W 12	## FEB CO.		avid						mmer			liza						N/A	
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	A SPECIAL SECTION AND		No					139-	-07-84	97	Adr	ienne	Wats	on 16	517 G	len	eacle	Road	
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DIVISION OF VITAL RECORDS.	H WOO	CERTIFICATION	210 EXTERNA	LCAUS	EWAS	21ь. 1	TIME OF	INJURY	-	21c.	ULNI WOH	IRY OCCUR	ED LENTER	NATURE OF II	YJURY IN ITEM	16 PART 1	OR PART 2)	4E2 [NO MY
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	EXECUTE NE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SIS BALLIMORE, MARYLAND.	-	TYPE OR PRIN	VT)	Denn	is F.	Smy	th, I	M.D.		ADDRESS	s 111	PEnn	St.,	Balto	0.,	Md.	21201	
5	AA5AA —	23a.B	URIAL, CREMA	TION, RE					NAME OF CE			ATORY	23d. LC	CATION			COUNTY	STA	TE
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(\	/R A15 ME (5))	Wi	14th am C	. Ma	arch F	/H In	IC WE	est 4	300 Wa	bash	Ave	00	CT 24	4 198	5	المادمين	(4.4 0(1)) L	- Mandel	12
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 316000 20. DATE KNOWN 50 1. DECEASED NAME (TYPE OR PRINT) OF ESTI-Jo DEATH MATED L Betty Poe 85 3719 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH 20 DATE 2d HOUR PRONOUNCED 0:14F 46 YRS DEAD 3119 85 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED FOREIGN COUNTRY) USA Maryland Baltimore City WIDOWED DIVORCED I. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
HOUSEWIFE Baltimore St. Agnes Hospital 30 STATE 13b COUNTY 13d. INSIDE CITY LIMITS? Harford Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MUDDLE MIDDLE FIRST Boone Pauline 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS EYES, NO. OR UNKNOWN! (IF YES, GIVE WAR OR DATES) 217-36-2829 John L. Joines, Felton RD#1, Pa.17322 IR CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF HEALTH AND MENTAL HYC L. CREMATION, OR REMOVE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION Rheumatic carditis and seizure disorder, clinical USED / 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD DE E DEPARTMENT OF PRIOR TO BUR YES [NO SZ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR, PAGE 31 ATTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) **ACTUAL** 11/1/85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregor H. Kauffman, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATOR' York City York Co. Penha. Yorktowne Cremation Gremation 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 tewartstown.Pa. Husia Devidon (VR A15 ME (5))

STATE OF MARYLAND

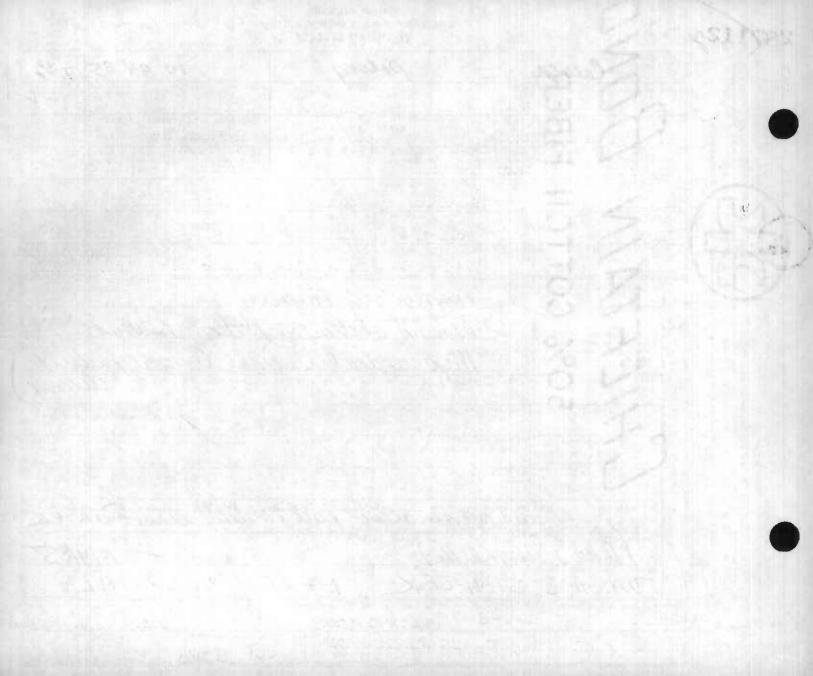
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				ION)	IN INCIDE CITY LIMITS	III STREET ADDRE	22	21234
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5	SIGNATURE	10.10	- CIVINO	100	cerring crin	MEDICAL EXAM	INER SIC	GNED 10/12/03
	EXAMINER'S NAME	Thomas D.	Smith M.D.		111	Penn St.	Balto M	MD.
-	(TIPE OR PRINT)			A	DDKESS		201.00.1	
23a	SPEC#FY)				CREMATORY	234 LOCATION	0	COUNTY STATE
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	7a B (17v) 18 C (17v) 18 C (18 C) 18 C (1	TO DECEASED NAME (TYPE OR PRINT) FIGWA: 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 11. CITY OR TOWN OF DEATH Baltimore 130. STATE 130. COUNTRY 14. FATHER'S NAME FIRST Conditions, if any, which gove rise to immediate couse (a) stoting the under lying couse lost. PART 2 OTHER SIGNIFICANT CONDITION 190. DATE OF OPERATION 191. CAUSE OF 210. INJURY OCCURRED WHILE AT WORK 210. L'errify that I took du deoth resulted from: 130. BURIAL, CREMATION, REMOVAL SPECEY) 210. BURIAL, CREMATION, REMOVAL SPECEY) 211. INJURY OR PRINT) 212. BURIAL, CREMATION, REMOVAL SPECEY) 213. BURIAL, CREMATION, REMOVAL SPECEY) 214. INDIRECTOR NAME	DECEASED NAME (TYPE OR PRINT) FAWARD 10. CITY OR TOWN OF DEATH 11. NAME OF HO (FENDIN INSUCHE BALLIMOYE 13. COUNTY 14. FATHER'S NAME (FIRST 15. COUNTY 16. COUNTY 17. CITIZEN OF M (FENDIN INSUCHE BALLIMOYE 17. COUNTY 18. CAUSE OF DEATH (Enter only one cause per lin PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a) stoting the under- lying cause lost: 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211. INJURY OCCURRED WHILE AT WORK AT WORK 212. Lcertify that I took charge of the remains of death resulted from: 17. CITY 17. CITY 18. CAUSE OF DEATH (Enter only one cause per lin PART 2 OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING ID DEATH 19. DATE OF OPERATION 19. CONTRIBUTING CAUSE OF DEATH 210. LINJURY OCCURRED WHILE AT WORK 210. Lcertify that I took charge of the remains of death resulted from: 17. CITY 17. CITY 18. CAUSE OF DEATH (Enter only one cause per lin PART 2 OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING ID DEATH 210. LCERTIFY TO THE SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH 210. LCERTIFY TO THE SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH 210. LCERTIFY TO THE SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH 210. LCERTIFY TO THE SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH 210. LCERTIFY TO THE SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH 210. LCERTIFY TO THE SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH 210. LCERTIFY TO THE SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH 210. LCERTIFY TO THE SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH 210. LCERTIFY TO THE SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH 210. LCERTIFY TO THE SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH 210. LCERTIFY TO THE SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH 210. LCERTIFY TO THE SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH 210. LCERTIFY TO THE SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH 210. LCERTIFY TO THE SIGNIFICANT CONDITIONS CONTRIBUTI	DEPARTMENT OF MEDICAL EXAMIN TO STATE REGISTRAR DECEASED NAME (TYPE OR PRINT) FOWARD 1. SEX 1. RACE 1. DATE OF BIRTH 1. DAY 1. DATE OF BIRTH 1. DAY 1. DATE OF WHAT COUNTRY? 1. DECEMON OF DEATH 1. DAY 1	DEPARTMENT OF HEALTH A MEDICAL EXAMINER'S CE REGISTRAR I. DECEASED NAME PORT FRST FRST	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE CONTROL	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRA REGISTRA REGISTRA REGISTRA DECEASED NAME (TYPY OF PRINT) EDWARD DECASED NAME (TYPY OF PRINT) EDWARD DECEMBER OF PRINT MODIE LAST DECASED NAME (TYPY OF PRINT) DECEMBER OF PRINT DATE OF DEATH DECAMBER OF PRINT DATE OF DEATH DATE OF DEATH DECAMBER OF PRINT DATE OF DEATH DA	DEFEASED NAME (1970 OF RINH) RECHISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH RECHISTRAR POFFEL, III POFFEL, III



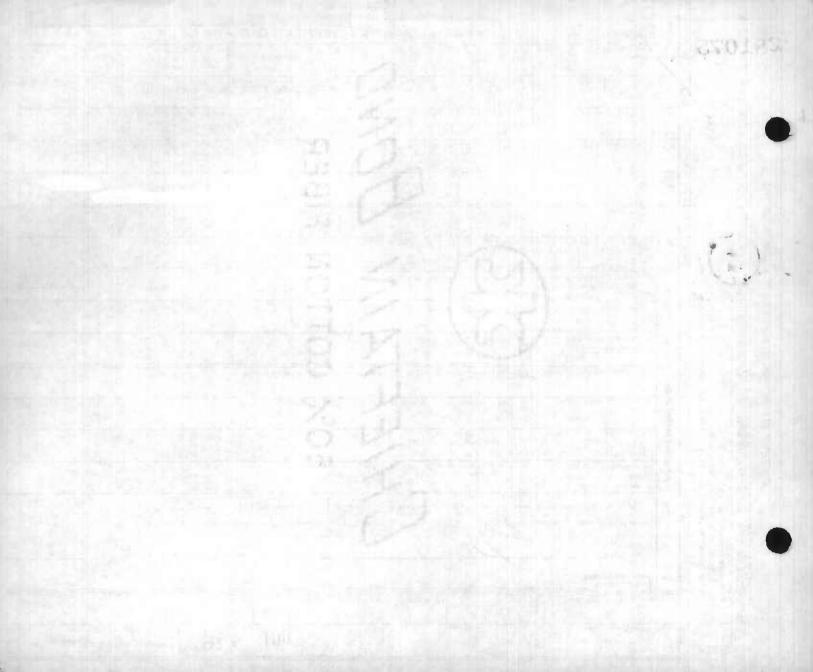
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE

DHMH - 16 60M 7/84 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG. NO 281075 DECLASED NAME FIRST 20. DATE KNOWN X | MONTH ESTI-Rodney DEATH MATED Pollard 10/ 1/19 85 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 16 1968 1/19 85 male black Th. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Baltimore City. WIDOWED DIVORCED RETAIN PAGE 5 HOULD BE FILED, ECORDS 2001 ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY University Hospital Baltimore Student USU AL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSION 3324 Beaumont Avenue 21212 13a STATE 13d. INSIDE CITY LIMITS? Md Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE FIRST Willie Hawkins Carolyn Pollard 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS 216-86-6055 Willie Hawkins 324 Beaumont Avenue 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVA PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CENTER OF THE WEB PERCENTED THE WEB PERCENTED TO THE CHEB PERCENT TO FUNER DESCRIPTION OF THE PERCENT OF FUNER DESCRIPTION OF THE STATE DEPARTMENT OF THE BALTIMORE, MARYLAND, 21201 PROPERTY. 20 AUTOPSY? YES X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUNTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 9:45m 10/ 1/1985 subject on motorcycle that hit curb TIE PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK roadway Garrison at Belle Ave., Balto. City, Md. Autopsy X 22a. I certify that I took charge of the remains described above, held an Inspection Suicide Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 10/2/85 SIGNATURE. EXAMINER'S NAME Gregory R. Kauffman, M.D. Penn St. 73a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION STATE COUNTY Burial Westview Memorial Park Catonsville 07/84 BP 250 DATE REC'D. BY REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR DHMH 17 William C. March F/H Inc West 4300 Wabash Ave - mi min doon partable (VR A15 ME (5))

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

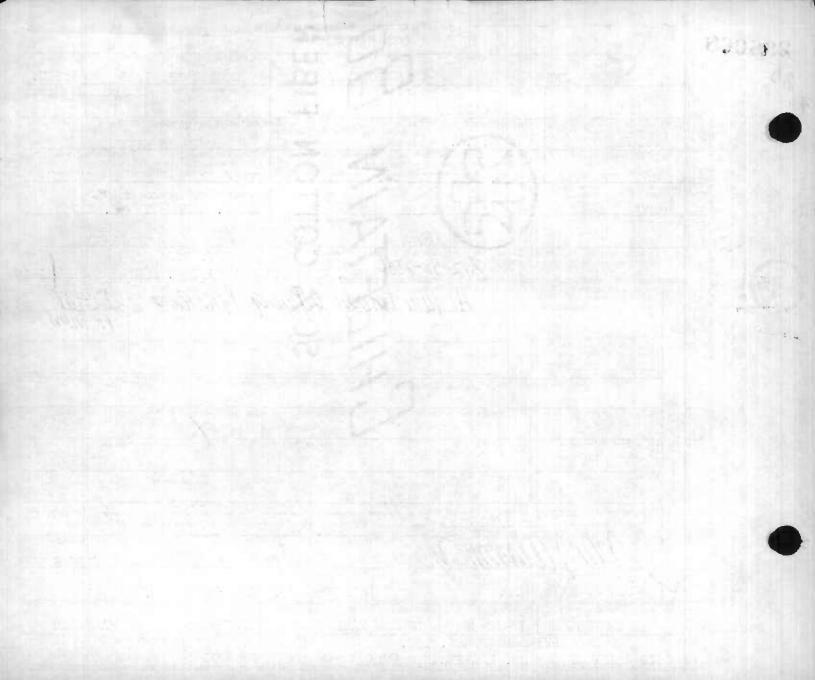
STATE OF MARYLAND

FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYGII ICATE OF DEATH	ENE Ö Ö	,	6	En .
1. DECEASED NAME FIRST	WIDDLE	L/	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR	}
JEROME XXI	K	P	OLOVOY	OCTOBER 1	17, 1985	3:30	DP .M
3. SEX	4 RACE	S. DATE O		6 AGE (IN YEARS LAST BIRTH	MONTHS	DAYS HOURS	MIN.
MALE	CAUCASIAN	AUG	UST 12,1936	49	YRS		
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED XX	BALTIMORE CITY OF	COUNTY OF DE	ATH	
MARYLAND	U.S.A.	WIDOWE		BALTIMO	ORE CITY		MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	TRSING HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATION		KIND OF BUSINES USTRY	55 OR
BALTIMORE	234 W. LAFAYE	TTE .	21202	TEACHER		EDUCATION	
SUAL RESIDENCE (IF NURSING HOME OF	INTY 13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE A	re	
MARYLAND V-	- contention	MORE	YES NO	234 W. LAF		1. 21202	
14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAST	
MAX		LOVOY	MARY			ARON	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	APT ADDRE	15	1	-
NO.	1/2-	12-406	MRS. MARY POI	LOVOY 1190 J	W. NORTH	ERII PKWY	2121
	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	EOUENCE OF	NOT RELATED TO THE TERMI	nal disease or cond	DITION GIVEN IN F	PART No	
90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WI	HICH OPERATION	N WAS PERFORMED	YES NO	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEAT	
21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED		19	21c. HOW INJURY OCCURRI	ED (ENTER NATUREOF INJUR			TATE
NOT WHILE AT WORK	(AT HOME, STREET, PACTORT, OF						IIA.
saw the deceased alive a	n 8/20 solver with body after death.	ram <u>6/2</u> 19 <u>85</u> , ar	5 19 <u>85</u> and that in (my) (our) apinion d	, ta8/24 eath accurred on the da	0	om the causes sta	
22h SIGNATURES/M/)	Mamma	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _	10/18/85	
22 PHYSICIAN'S NAME (TYPE	OR PRINT)	Y-JA	22e ADDRESS				
JOHN J. MAN	N, M.D.		611 Park Av.	, Baltimore	, Md. 2:	1201	
230 BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNT	[Y 5]	TATE
NN CREMATION	10-19-85	LOUDON	PARK CREM	BALTIMORE		MARYLAND	AL.

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOSOL LEVINSON & BROS INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 2121

BY REGISTRAR 256. REGISTRAR'S SIGNATURE



302082

n signed by the attending physician and Then please remave carbangapers. Pages

SENSEAL DESCION: After this certificate has been signed by the attending physical and the attending physical defendable as each of the burnol-transit permit. Then please remove carbon paper in the same defendable and Mental Hygiene prior to burnol, cremotion, or removal.

injury, ar other traumatic event, th

MPDRIANT If them 21 is marked or frem 18 shows any

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND

1.	- STATE REGISTRAR			DEPARTM		ICATE OF DEATH		REG. NO.		al Maude
	CEASED NAME	FIRST	1.7	MIDDLE	1	AST	20. DATE OF D	EATH MONTH	DAY YEAR	2b HOUR
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3 SE	Х	4.	RACE		5. DATE C		6. AGE (IN YEAR		MONTHS DAY	
	MALE		BLAC	rK	MONTH	CT. 20,1985		Y	RS.	2 15
7a. B	IRTHPLACE (STATE OR	FOREIGN 76		WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE		JNTY OF DEATH	
	MARYLAND		UNITE	ED STATES				MOREC	ITY	MD.
10 C	ITY OR TOWN OF DE	ATH 11	. NAME OF		G HOME O	OR OTHER INSTITUTION	12a USUAL OC	CUPATION OR MOST OF WORK		OF BUSINESS OR
BA	LTIMORE	F		HNS HOPK		HOSPITAL	(TYPE OF WORK FO	IK WOST OF WORK	ING LIFE) INDUSTE	(1
USU 13a I	AL RESIDENCE (IF NUR: STATE MARYLAND	OUNTY	HER INSTITUTION,	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN BALTIMO	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET AD	PRESS ZIPC	RRY ST 2	1205
14 F	ATHER'S NAME		DDLE	LAST		15. MOTHER'S MAIDEN N				
	FIRST	Mill	JULE	1431		VIVECA	^	MIDDLE	POO	LE
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
	NO	NO NO	AR OR DATES	N/A						
TION		mediate ng the : last. NIFICANT CO	DUE TO, O (c) ND IT IONS CC		NCE OF	NOT RELATED TO THE TER				
CERTIFICATION	19a DATE OF OPERA	IION	196. CONDI	ITION FOR WHICH	OPERALIO	n was performed	YES N		FYES, WERE FINE ERTIFYING CAUS YES	
MEDICAL CER	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI 216. INJURY OCCUR	CAUSE OF DEATH	216 TIME O HOUR A P 21e PLACE	M. MONTH DA M.	Y YEAR	21t HOW INJURY OCCU	RRED (ENTER NATUR	e of injury in ite.	M 18 PART I OR PART 2	7)
ME	WHILE NOT WE AT WORK	HILE		PEET, FACTORY, OFFICE, FA	RM, ETC)	STREET	C	ITY OR TOWN	COUNTY	STATE
	220 I certify that (I) saw the decay obove. (II line) 77h. SIGNATURE BALL BALL BALL	and tried motion	orew the body	20 19	95.01	17-17-01-17-01-2	MEDICAL DIRECTOR D	HOSPIT	PAL	_, that (I) (we) lost he couses stated TE SIGNED
73a	BURIAL CREMATION.	REMOVAL I	736 DATE	[73c N	AME OF C	EMETERY OR CREMATORY	N. WOLF		21205	
132	REMATION	75.00		5500			CITY OF	DOWN	COUNTY	STATE
-	UNERAL DIRECTOR		OCT.20	1,1302	OHNS	HOPKINS HOS	ATE REC'D. BY REG	STEAR 250 RE		MD.

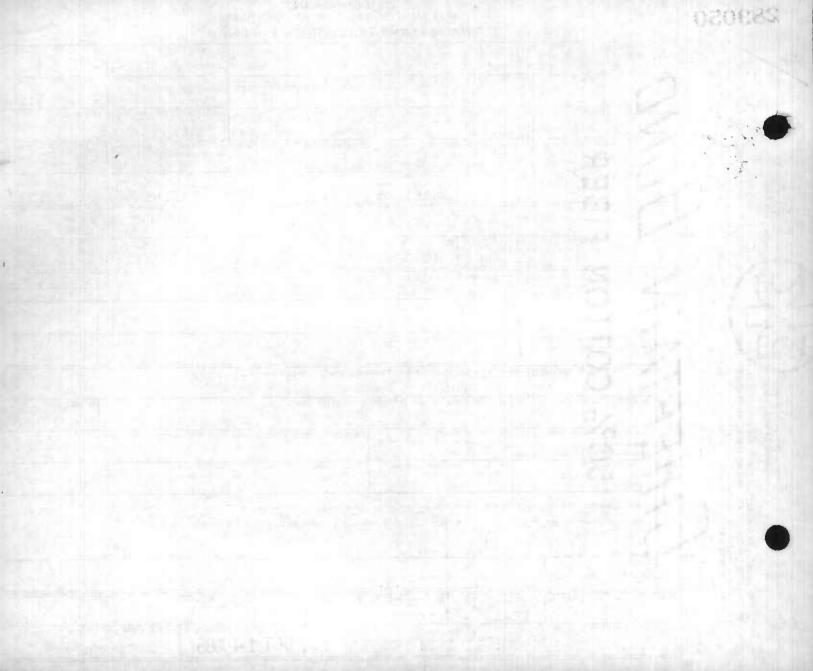
DHMH - 16 60M 7/84 (VRA 15, 4)

JOHNS HOPKINS HOSPITAL

ADDRESS.

75 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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	\$200 ×	I		В	1 31	39	46 YRS.			DEAD	10-10		\$:55A
-	23 IN -		RTHPLACE (STATE OR		76. CITIZEN OF WH	AT COUNTR	Y? 8 MARR	ED MEVER M	AARRIED - 9	BALTIMORE CI	TY OR COUNT	Y OF DEATH	
	BZR S T		5.C.	100	U.S.A.		WIDOW	ED DI	ORCED	Baltimo	ore City	/	MD
	Armend -	III C	ITY OR TOWN OF DE	ATH	11. NAME OF HOSP		ING HOME, OR OTH	ER INSTITUTION		LOCCUPATION		126 KIND OF B	
	A PARTER	E B	Baltimore				Hospital		L OK MO	STOP WORKING LIFE	'	OK INDUS	INT
pen	S S S S S S S S S S S S S S S S S S S	W5U	AL RESIDENCE (IF IN N		OTHER INSTITUTION, GIVE	E RESIDENCE BER	ORE ADMISSION)						
21201	ANY O ANY O RETAIN		aryland	136. COUNT	Y	Balt	imore	13d. INSIDE CITY LIM	115? 136 STREE 1725	Clift	Wiew A	VA 2	21213
0.7	1. = 2. 2. S. 1. = AL	_	ATHER'S NAME			Dare	-Inor C	15. MOTHER'S M		CITIC	VICW A	VC. 2	.1213
. MD.	F-505	IC.	FIRST		MIDDLE	Hilt	it and	FIRST	AND ETT TO ANTE	MIDDLE		LAST	
BALTIMORE	2000 -		WAS DECEASED EVE	DINIIS ADAA	ED FORCES?		L SECURITY NO.	Carol 17. INFORMANT		ADD	RESS	Green	12
A M	JRS AFTER IN STREET	()	ES, NO, OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)							2121	
N N	S AFTER GIVE PA ITH FOR PAGES IVISION	no)			042-	-30-6763	ьике	Porter	1/25	CILITY		
		1	18 CAUSE OF DEA	TH (Enter only	one cause per line f		, , ,					APPROXIMA BETWEEN ONS	TE INTERVAL
PRESTON ST	IIN 24 HOUR IN ITEM 18. ALONG W ISIT PERMIT. HYGIENE, D MOVAL.	2-	, and the	IMMEDIATE		Mitr	al valve	disease					
STC	N A A A A A A A A A A A A A A A A A A A				DUE TO, OR	AS A CONSE	QUENCE OF						
ec.	REA ANS	13	Conditions, if		(b)								
₹	UTED WITH IN PENCIL EXAMINER HAL - TRANS O MENTAL DN, OR REA		cause (a) statin	ig the <u>under-</u>	DUE TO, OR	AS A CONSE	QUENCE OF						
201 W.	N. A A K		lying couse las	<u>1.</u>	(c)								
os,	ATINA		PART 2 OTHER SIGHIFICA	NT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMINAL DISEAS	OR CONDITION GIVEN	H PART 1 (a).				
RECORDS	AS A CREW	Z											
W.	3 th 0 = 1 = 1	CERTIFICATION	19a. DATE OF OPER	MOITA	19b. CONDITI	ION FOR WI	HICH OPERATION W	AS PERFORMED?	?			20 AUTOPS	Y?
1¥	SHOUL ORD CHIEF E USEE TOF H	1 5	THE PARTY									YES 🗆	NXX
DIVISION OF VITAL	S O S S S S S S S S S S S S S S S S S S	12	210. EXTERNAL CAL	JSE WAS	21b. TIME OF	INJURY	21c. H	OW INJURY OCC	URRED LENTER NA	TURE OF INJURY IN IT	EM 18 PART T OR PAI		110.[
0	TWEN THE W		UNDERLYING CONTRIBUTING	OR	HOUR A.M.	MONTH D							
S	CERTIFI TING T 3 SHO DEPAR I PRIOF	MEDICAL	21d. INJURY OCCU		P.M. 21e PLACE O	F INJURY	19 (AT HOME. 21f LO	CATION					
<u> </u>	S S S S S S S S S S S S S S S S S S S	ME	WHILE NO	T WHILE		DRY, FARM, ETC.		TREET		CITY OR TOWN	COL	NIA	STATE
	RE WRITING REWARDE RWARDE STATE DO STAT		AT WORK AT	WORK									
	VER: THIS CERTIFICATE CATE, WRITING THE V FORWARDED TO THE OR, PAGE 3 SHOULD HE STATE DEPARTMER (ND, 21201 PRIOR TO		220 I certify that	t I took charge	e af the remains desc	ribed abave	, held an Autap	sy . Insp	pection X.	Inquiry .	and in my op	inion	
	NEW PERSON		death resulted fra	m: Natura	al causes X	Accident	, Suicide	, Homicide	Undeter	mined manner			
	ERT LD LD WIT WIT			1011	· . A .	IN	. 1	TITLE (SPECIF	Y)				
	A THE THE		ACTUAL SIGNATURE	110mp	to love	m	U M	D. Assist	ant_MEDIC	AL EXAMINER	DATE	10-10-8	35
	DIC TE		EVALUEDIC MAN		CATORIES TO								
	AED	-	(TYPE OR PRINT)	Marg	arita A. I	Kore 11	M.D.	ADDRESS 111	Penn S	treet			
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AT FO FUNERAL DIRECTOR: PAFER DÉATH, WITH THE STABALTIMORE, MARYLAND, 2	23 o. B	URIAL, CREMATION,	REMOVAL 23	b. DATE	23c NA	ME OF CEMETERY O		123d LOC	ATION	COUN	itv	
07/84	BP	1	BURIAL		10-15-8	5 MICH	INITI A TERM			ltimor			rland
25M		24 F	UNERAL DIRECTOR					1.54. 0	ATE REC'D. BY R	EGISTRAR 256	REGISTRAR'S S		<u>rana</u>
	DHMH - 17 (VR A15 ME (5))		W.C.MAR	CH F/F	CO. TI	01 E.	NORTH A	VE. 0	CT 141	985		ייין ייין עריין	L.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CENTIL	ICAIL OI DEATH	REG. N	10.		
	DECEASED NAME	FIRST	MIDDLE	Ĺ	AST	2a DATE OF DEATH	MONTH DA	YEAR	26 HOUR
	(TIPE OR PRINT)	JAMES		P	OWELL	1	0/8	185	1231 A
3	SEX		4. RACE	5 DATE C		6. AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS
	MALE		BLACK	MONTH	N. 18, 1904	81	YRS	ONTHS DAYS	HOURS MIN.
7	BIRTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	0	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1	NORTH CAR	OLINA	US of A	WIDOWE		BALTIMORE	CITY		M
1	BALTIMORE		11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET FINTON MEMORIAI	TADDRESS)		12a USUAL OCCUPAT	OF WORKING LIFE)	INDUSTRY	OF BUSINESS OF
4		IRSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		TIAD	PLEATURE STATE OF THE PARTY OF	(1910)	C00	K
	13a STATE	13b COUN	13c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
4	MARYLAND		BALTIMO	ORE	YES X NO	742 M	c Cabe	Avenu	21212
1	4 FATHER'S NAME		MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE	N	LAS	Τį
16	(YES, NO OR UNKNOWN)		MED FORCES? 166 SOCIAL SECTIVE WAR OR DATES)	URITY NO.	17 INFORMANT	ADDR			
L	NO NO	(IF TES GIT	150 09	7257	MR. EDWARD	JONES 742	MC CAB	E AVEN	UE 2121
	18 CAUSE OF DEATH	ATH (Enter or	nly ane cause per line for rai, (b), or	nd (c	1 11 20 2.	1-011	1		MATE INTERVAL ONSET AND DEATH
1	DOM		TE CAUSE (a) Longe &	na c	leath 2° ac	ute Subdu	ral	268	hours
ı	080	9	DUE TO, OR AS A CONSEQU	ENCE OF	ne	matoma		10.00	
1	Conditions, if a		(1b)						
	gove rise to i cause (a), sta underlying cau	ting the	DUE TO, OR AS A CONSEQU	IENCE OF					
	PART 2 OTHER SH	GNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVE	N IN PART 11	a
	NO 199 DATE OF OPER								
1	19a DATE OF OPER	RATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
	10-6-83	100	Acute Subdur	al h	rematorna.	YES NO	YES	ING CAUSES	NO [
	21a. ACCIDENT WAS L	INDERLYING	216. TIME OF INJURY	AV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY CITTE IS PAR	RT I OR PART 2)	(A) 174

ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

216. TIME OF INJURY HOUR A.M. MONTH DAY 10 1985

NOT WHILE

21e PLACE OF INJURY

211 LOCATION

COUNTY STATE

228.1 certify that (1) (this hospital) attended the deceased from 10 85

MEDICAL

CITY OR TOWN

abave, (1) (we) (did) (did) (did) (did) view the bady after death

MD

D.K.HINCKLEY, M.D.

IFICATION APPROVED BY MEDICAL AND HER UNION MEMORIAL HOSPITAL

BP.

DIVISION OF VITAL RECORDS,

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate hishould be detached for use as the burnal-tronsit painth the State Dept. of Health and Mental Hygier

morked or

MPORTANT

OR ATTENDING PHYSICIAN.

23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

11/11/85

23c NAME OF CEMETERY OR CREMATOR ARBUTUS MEMORIAL PARK

CITY OR TOWN BALTIMORE

and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated

BALTO

STATE MD.

24 FUNERAL DIRECTOR

25a DATE REC'D. LEWIS T. GWYNN 4517 PARK HEIGHTS AVENUE 21215

REGISTRAR'S SIGNATURE

A 10 La Marie La ribada 742 c v e verue 2 2 2 5 05, 7.57

11/35 Estate (+ 187.)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2823

1-	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYO	REG. N	ć 0.	O 6.	3 /
1,08	CEASED NAME	FIRST	٨	MIDDLE	t	AST	20 PATE OF DEATH	MONTH DA	YE AR	26 HOUR
-		ILLY			Po	WELL	1000	10 4	85	12.25 AM
3. SE	X	4. F	ACE		5 DATE C		6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
	Female		Bla	ack	8 NONTH	12 62	83	YRS.	DNIHS DATS	HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9 BACTIMORE CITY O			
	orth Carol	ina	U.S	S.A.	WIDOWE	1/	CITY	Baltim	ore	MD.
10 5	BALTIMORE		PROL	HEACHITY, GIVE STREET	Hospi	tal	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST C			OF BUSINESS OR
130 3	at residence (# NURSI BTATE aryland	13b COUNTY	ER INSTITUTION.	Baltimo	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2320 Whit	tier A	venue	21217
14 FA	Joe	MIDE	DIE E	Belfield		15. MOTHER'S MAIDEN NA	MIDDLE		Hills	oT .
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
1	Jnknown	(IF YES GIVE W	R OR DATES	577-36-	0768	Bertha Flemi	ng 2320 Whi	ttier	Avenue	
	Conditions, if ony, gove rise to imm couse (a), stofin underlying couse	AS CAUSED B IMMEDIATE C which nediate g the	AUSE (0)(DUE TO, OF	Cardio RAS A CONSEQUE	PULL NCE OF DMA	momary 1	Arrest		67	MANIE INTERNAL ONSET AND DEATH LOAP S
NOI	PART 2 OTHER SIGN	IIFICANT CON	iditions <u>cc</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVE	N IN PART 1	0
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDING CAUSES	
MEDICAL CER	710, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A./ P./	m. month da m.	Y YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT 1 OR PART 2)	
MED	21d INJURY OCCURR	ue 🗀	21e. PLACE ((AT HOME, STR	OF INJURY BET, FACTORY, OFFICE FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	sow the decease above, (1) (we) (d	d plive on		19_	912	nd that in (my) (our) apinion	death accurred on the de	ote and hour		that (I) (we) last couses stated
	226 SIGNATURE	Carlotto Hotti Vi	ca me body	one, deam.		DEGREE			22c. DATE	SIGNED
	Lor	ishna	P. 4	herman	-104	ATTENDING PHYSICIAN [MEDICAL STAI		10	4.85
	224 PHYSICIAN'S NA	ME (TYPE OR PR	N1)			22e ADDRESS				

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT:

BURTAL 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

23b. DATE 10/8/85

KUMAR

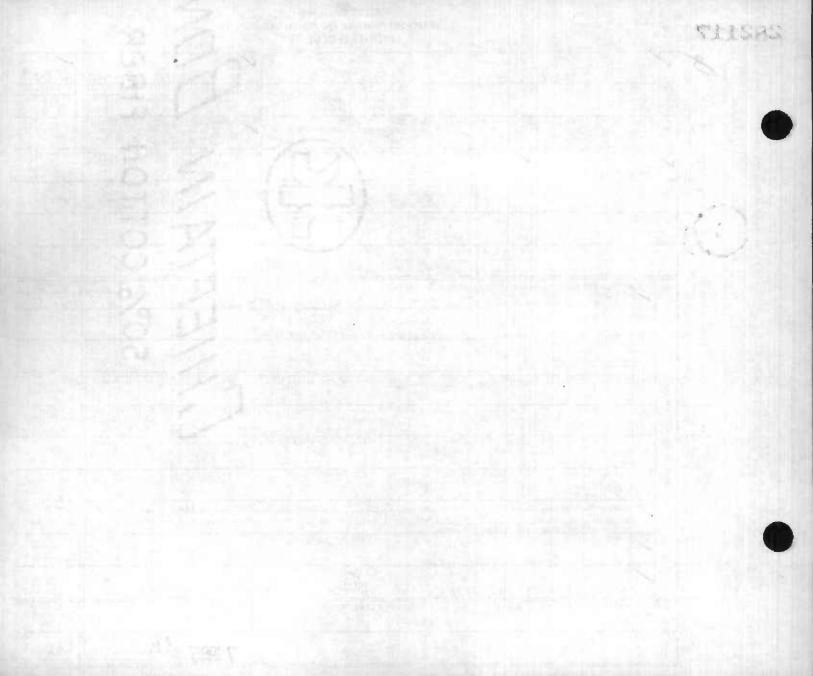
23c NAME OF CEMETERY OR CREMATORY Gaston Cemetery

T HOSPITAL Ronoake Rapids,

Wm C[™]March F/H, Inc. 1101 E North Avenue

PROVIDENT

250 DATE REC'D.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

G. N	10.				201
TH	MONTH	DAY	YEAR	26 HOUR	

8 .4

11		CE ASED NAME FIRST	A	MIDDI E	l	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
4	(TYPE	DOUGLAS	Benjami	n PRA	NSKI		OCTOBER 30, 19	85	02:28 A
1	1.5E)	X Table 1	4 RACE	2000	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	1	Male	Whit	e	Nov	16, 1951	33 YRS		HOURS MIN.
1	la. BII	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	XX NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH	122
1		Maryland	US		WIDOWE	D DIVORCED	BALTIMORE CITY		MD.
1	1	ALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A HOPKINS H	DDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORKING COUNSELOY	126 KIND C INDUSTRY Rehat	of BUSINESS OR bilitation
4	13a S	AL RESIDENCE (IF NURSING HOME OF NATE TO BATT	TOTHER INSTITUTION	GIVE RESIDENCE BEFORE 13 CITY OR TOWN Carney		13d. INSIDE CITY LIMITS?	3302 Upton Rd	DE 21234	
2	A A	John Pranski	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	len MIDDLE -	TAS	ST
2		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI 219 58 5		17 INFORMANT		timore,	
2		No		219 50 5	0/2	Janet M Fran	sky 3302 Upton		
3	90	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per D BY TE CAUSE (o)	See \$15	1101.1				ONSET AND DEATH
3	4		DUE TO, OI	R AS A CONSEQUE	NCE OF				
4	\$0.	Conditions, if ony, which	(b)_	Preum	2120			400	Tr.
		cause (0), stoting the underlying couse lost.	DUE TO, OF	R AS A CONSEQUE	NCE OF				
3		PART 2 OTHER SIGNIFICANT (ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (SIVEN IN PART 1	0
	O	Renze fa	lune		100				
4	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDING TIFYING CAUSES	
2	10.77	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 4		Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE (19	211 LOCATION			
	ME	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
	10	22a I certify that (I) (this hospi		and I	in .	5/11 19 35			that (I) (we) lost
1		sow the deceased alive on above, (1) (we) (did) (did no					death accurred on the date and h		
1		226 SIGNATURE				DEGREE ATTENDING _	MEDICAL STAFF	22c DATE	,
4		224 PHYSICIAN'S NAME (TYPE O	R PRINT)		N	PHYSICIAN [DIRECTOR PHYSICIAN	10/	31/87
		CRAIL A B	Min			600 N W SE	fe st Bulto.,	me 212	15
	23a B	SURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	24 E1	Burial UNERAL DIRECTOR The Di	Nov 2,		rkwor	od Cemetery	Baltimore. Mo		THE THE
		NAME THE D	ippel Fu	nera lo Hon	ies,	Inc.	EREC'D. BY REGISTRAR 256 REG	MINANS MICHAT	Render
	/1	10 Belair Rd B	altimor	e Maryla	nd		THE PERSON NAMED IN	0	

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS

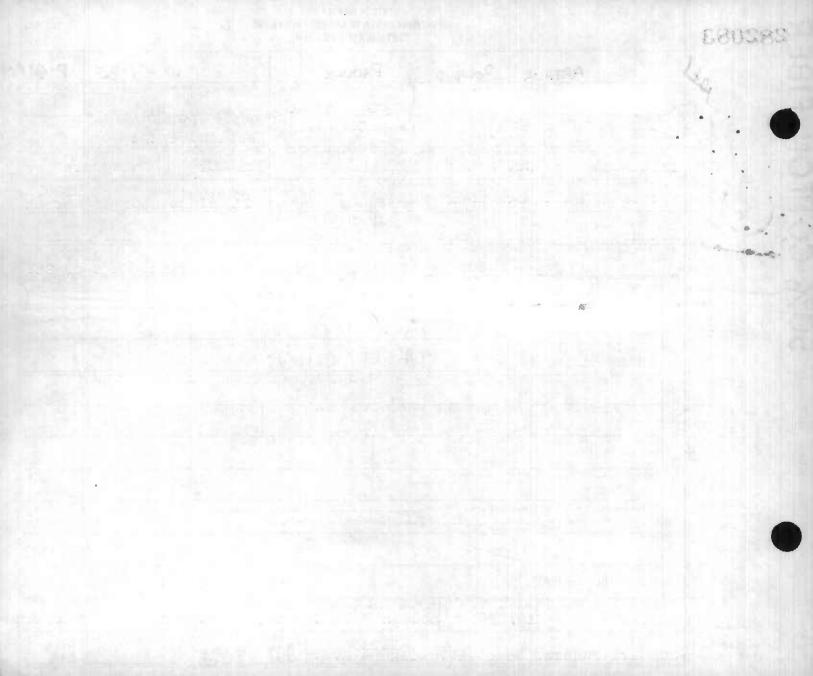
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1 75	8		CEASED NAME FIRST OR PRINT) JAMES	MIDDLE	PRETE	20. DATE OF DEATH MONTH DAY	YEAR 2b HOUR
e 4 may clox, pag catter de	6	1.50		4 RACE CALLE	5. DATE OF BIRTH	MONTHS	DAYS HOURS A
orth. Forg	99		RTHPLACE ISTATE OR FOREIGN COUNTRY) CL-S A	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DE	-
ofter de of within	30	1	NORTOWN OF DEATH		ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b	KIND OF BUSINESS
Ned to be	34	-	AL RESIDENCE (IF NURSING HOME IT ATE 136 COL		WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	Ocean t
Specific C	药	N FA	THER'S NAME	MIDDLE DALAST	YES NO	AME MIDDLE DE	- ASS
	0		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	PADDRESS B	MAPIO
14:1	4		Yes u	anly ane cause per the far (a), (b), o	-2281 SUMEI	RETE BERL	APPROXIMATE INTERVA
the day	other trour	P	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO		sunage	
een signed by it Then please	To select, or	ATION		CONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION GIVEN IN	
The law requires that can in the bear signed by its permit. They please to make the please to be the please to be the bear of the please to be the bear of the please the p	howyour injury, or	RTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20b AUTOPSY? 20b. IF YES, WERING (YES NO YES YES	E FINDINGS USED CAUSES OF DEATH NO
ICIAN. The taw requires that a physician. entificate has been signed by indictional permit. Then please and the please and the please.	tem 18 showing chlury, or	AL CERTIFIC		19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH	TH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERI IN CERTIFYING (E FINDINGS USED CAUSES OF DEATH NO
4G PHYSK (AM. The law requires that attending physician. The this certificate has been signed by the blumpformack permit. Then please hand Manual Permit Despites.	rhad or hem 18 shimpoopy oilury, or	IFIC	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH	H OPERATION WAS PERFORMED 21 E HOW INJURY OCCUI 19 21 LOCATION	200 AUTOPSY? 200. IF YES, WERING OF YES NO YES THE NATURE OF INJURY IN ITEM 18 PART LOR	E FINDINGS USED CAUSES OF DEATH NO []
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HOSPITAL OR ATENDINGS PHYSICIAN. The law requires the uned by the hospital or attending physician. Set S.UNERAL DIRECTOR. After this certificate has been signed by the Case of the physician of the physician participates. The places of the Seave Date of Models and Models Models (Models Models).	AMT. If Nem 21 is marked or Nem 1	AL CERTIFIC	100 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK 220 I certify that (I) (V) has saw the decays of the contribution of the contrib	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY IAT HOME. STREET, FACTORY, OFFICE	DAY YEAR 19 2H LOCATION STREET , and that in (my) OUT apinior DEGREE ATTENDING	200 AUTOPSY? 200 IF YES, WERING OF IN CERTIFYING OF YES OF IN CERTIFYING OF IN JURY IN ITEM 18 PART I OR CITY OR TOWN CITY OR TOWN COMPANDED OF INJURY IN ITEM 18 PART I OR OF INJURY I	E FINDINGS USED CAUSES OF DEATH NO []

305101	1.	FOR STATE REGISTRAR	DE		EALTH AND MENTAL	. HYGIENE 👸 👙	2 0	2 31 0
nay be poge 3		CEASED NAME FIRST ORPRINT) GEORGE	MIDDLE	Pei	ETTLOW	10)28/85		7:46 PM
Page 4 may director, po nours after d	3. SE	MALE	1. RACE Black	5. DATE (DAY YEAR	6. AGE (IN YEARS LAST I		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
ter death. Pa me funeral dir within 72 bou		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	MARRIE WIDOW	NEVER MARRIED DIVORCED	Palto	or COUNTY OF DEATH	H MD.
s offer filed with	10 C	Ba Ho.	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY OF		CENTER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS	TOF WORKING LIFE) INDUS	ND OF BUSINESS OR
din hou	13a. S	AL RESIDENCE (IF NURSING HOME C STATE 13b COU MD	INTY 136. CITY C		13d. INSIDE CITY LIMI	1424	POTOMAC	21213 5t.
MARYL smpletely and 2 sh	14. FA	ATHER'S NAME FIRST AMES	MIDDLE PRE	AST	MAGGIE	MIDDLE	ELLOT	LAST
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289153		ll, l2ab, E FOR STATE REGISTRAR	ilmG609	11/5/85 kam DEPA	RTMENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	NTAL HYGIE	NE 8 5	2	8 2	4.4
		CEASED NAME	FIRST	WIDDLE	L	AST	2	DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
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1 87	3_58	X		ACE	5. DATE O	FBIRTH		AGE (IN YEARS LAST BIR	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
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and de se			MMEDIATEC	DUE TO, OR AS A CONSE					= N:1		
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ne lor. on. hos lee permit	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDITION FOR WH	ICH OPERATION	N WAS PERFORM	ED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	GS USED OF DEATH?
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282083		FOR STATE REGISTRAR	GISTRAR CERTIFICATE OF DEATH						REG. NO.				
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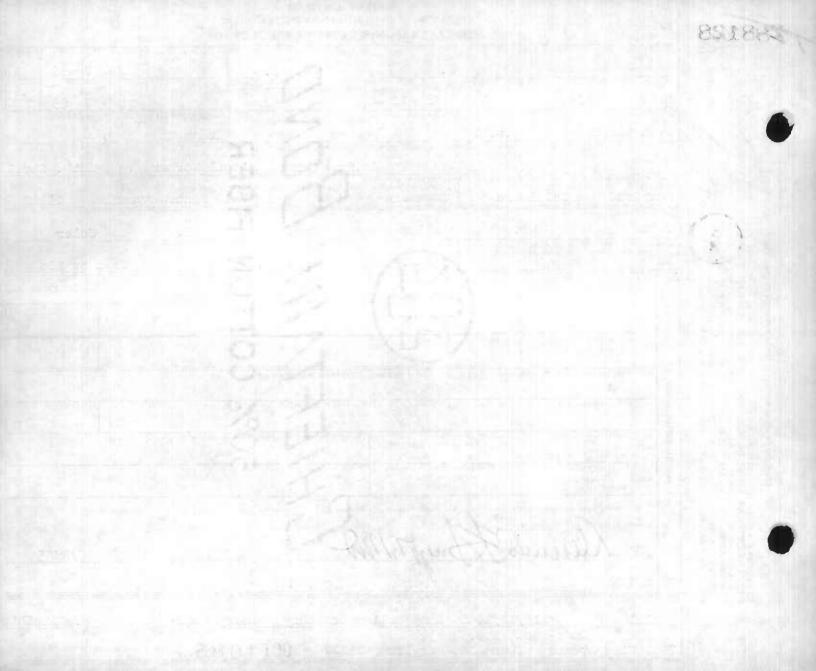


C. March F/H Inc West 4300 Wabash Ave

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BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" PRED TO THE CHIEF MEDIOL	AS A BURIAL ALTH AND M CREMATION,	7	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	DATRIBUTING TO DEATH B	IT NOT RELATED TO THE TERM	AINAL DISEASE	DR CONDITION GIVEN IN PAR	RT 1 (a					
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TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be referred by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and the stability of the should be detached for use as the burial-transit permit. Then please remove carbon papers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is morked an Hem 18 shaws any injury, or ather troumatic event, the medical realminer mist be medical
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAK		CERTIFICATE OF E	· ·	REG. NO			
PECEASED NAME FIRST	MIDDLE	(AST		2a. DATE OF DEATH N	AONTH	DAY YEAR	26 HOUR
EDWA	ARD S.	QUICK		1	0 16	85	11:50
3. SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTH	(DAY)	IF UNDER I YEAR	IF UNDER 24 HR
Male	White	MONTH DAY	35	50	YRS.	MONTHS DAYS	HOURS MI
BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY OR		OF DEATH	
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IO CITY OR TOWN OF DEATH		RSING HOME OR OTHER INS		Baltimo	N		E BUSINESS G
D-74.	(IF NOT IN SUCH FACILITY, GIVES		453110	(TYPE OF WORK FOR MOST OF			-
Balto. USUAL RESIDENCE HE NURSING HON	St. Agnes			Clerk-Sal			eland
	OUNTY 13c. CITY OR			13e STREET ADDRESS /		Barto	., Ma.
Md. 14. FATHER'S NAME	TBalt		NO []		ell	Rd. #	21229
FIRST	MIDDLE LAST		FIRST	WIDDLE		LAS	
Charles			rtrude		F		isky
160 WAS DECEASED EVER IN U.S. 1 (18 NO OR UNKNOWN) 1 (18 YES)	S. GIVE WAR OR DATES)	SECURITY NO. 17 INFORMA		Maryde Tires	Rd.	Balt	
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18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	only one couse per line for (o), (b	, and ic	-1	,		BETWEEN	MATE INTERVAL ONSET AND DEAT
		ADCANGIAL	11010	Wes			
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	(c)						
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A OLUB 196 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	18 CONSITION FOR WH	HICH OPERATION WAS PERFO	RMED	200 AUTOPSY?	IN CERTIF	WERE FINDING CAUSES	
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	ospital) attended the deceased fro	om DCC14	10 85	to Oct	160	10 85	that (+ (we) la
sow the deceased alive	on Oct/6	Ca Carr	(evr) opinion d	eoth accurred on the dot	e ond hou		
22h SIGNATURE	d not view the body ofter death.	DEGREE				22c DATE	SIGNED
Best 3	+ motors		TTENDING PHYSICIAN	MEDICAL STAFF			
22d. PHYSICIAN'S NAME (T	F MORTO	122e ADDRES	S				
23a BURIAL, CREMATION, REMO	VAL 23b. DATE	230 NAME OF CEMETERY OR	REMATORY	23d LOCATION			
Burial	Oct. 21.198			Balto.		COUNTY	Md
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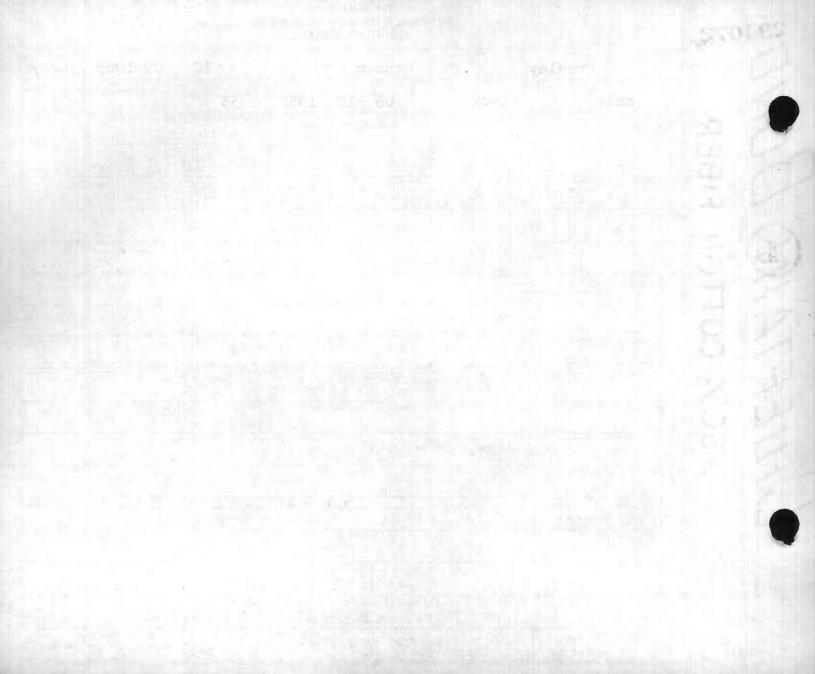
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 283143 REGISTRAR REG. NO L DECEASED NAME a DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 10-5 1985 Hakim Ramjohn SEX 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 24 HOUR West LAST BIRTHDAY 12:05 HOURS PRONOUNCED 1985 DEAD Male 1924 Indian 1.7 61 a . M Th CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED FOREIGN COUNTRY) DIVORCED WIDOWED Baltimore City. Trinidad Trinidad ID CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Francis Scott Key Medical Center Baltimore Tailor OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI SUAL RESIDENCE HEINN COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Paltimore Dundalk Maryland YES NO IX 129 Ventnor Terrace 21222 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Not Known Not Known 66/WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS2411 Lodge Farm Rd 16b. SOCIAL SECURITY NO. YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 216-62-5713 Balto., MD. Momena Ramjohn 21219 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES NOXX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK GE 4 SHOULD BE FORM FUNERAL DIRECTOR: P. ER DEATH, WITH THE Inquiry XX 220 I certify tboil I taak charge of the remains) described above, held an Autapsy and in my apinian Natural causes 144 death resulted f Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 10-5-85 EXAMINER'S NAME 111 Penn St., Balto., Md. SH 2 8 3 Dennis F. Smyth, M.D. TYPE OR PRINT N A O 230 BURIAL CREMATION, REMOVAL 236 DATE 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 10/8/1985 Oak Lawn Cemetery Baltimore Maryland Burial 07/84 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Sechia Davidan Banda (VR A15 ME (5)) 7922 Wise Avenue Dundalk, Maryland

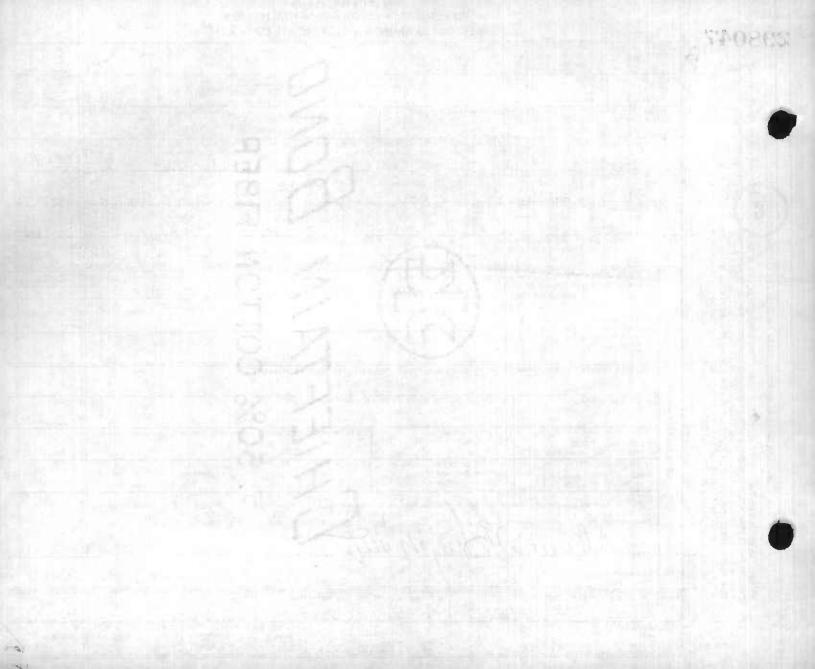
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	3 SEX	X AAAII	4 RACE	5. DATE OF	F BIRTH /O	6 AGE (IN YEARS LAST	BIRTHDAY) IF UND	ERIYEAR IF UNDE	R 24 HRS
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3		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH	
2		Maryland	USA	WIDOWED		Balt:	imore Ci	ty	MD.
1	10 CI	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NUR.		OTHER INSTITUTION	120 USUAL OCCUP	ATION 12b	KIND OF BUSIN	JESS OR
7	-	A4A Baltimo	FSBGHS. B	alto.	Gen. Hosp	· RETIRED	Steamfi	tter/Ur	nion
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7	FIC					YES NOT		CAUSES OF DEA	TH?
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	MEDICAL	116 INJURY OCCURRED	P.M.	19	211 LOCATION				
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physici physici ol-transi ital Hygi		71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR	21c. HOW IN	IJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PA	ART 2)	
G PHYSII attending er this ce s the burn ond Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		211 LOCATIO	NC	CITY OR TOW	in Con	AIA	STATE
GTENDIN Spital or STOR Aft for use a of Health		220.1 certify that (1) othis hospitor sow the deceased alive on above, (1) (we) (did vidid not)	9/00 19.	C	9/7 d that in (my)		to	10/9. 19.35 te and hour and fro	, that (l) (,
by the hose ERAL DIRECE detached State Dept.		276 SIGNATURE	les/	C	DEGREE A		MEDICAL STAFF	1 2 1 2 1	DATE SIGNED	,
TO HOSPITAL retoined by th TO FUNERAL should be deta with the Stote		· EMILER	MOHLER	IR	St.	Agnes I	Hospital, Ba	ltimore,	MD.	
BP	В	BURIAL, CREMATION, REMOVAL	10/14/85 0	akwood	Mornin	ngside	23d LOCATION CITY OR TOWN Syracuse	Onondage	a New	York
DHMH - 16 60M 7/84 (VRA 1S, 4)	24_F	PRESENTATION NEEDS	1 C. Witzke Fur enue, Catonsvil	neral H	lomes P	A 250. DATE	E REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIG		telli.





FOR - STATE REGISTRAR DECEASED NAME

FEMALE

BIRTHPLACE (STATE OR FOREIGN

IO CITY OR TOWN OF DEATH

Baltimore

(TYPE OR PRINT)

COUNTRY Maryland

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

RAY

8

MARRIED NEVER MARRIED

5. DATE OF BIRTH

3

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

gnes Hospital

5	
REG.	NO.

20. DATE OF DEATH MONTH

70

Baltimore

(TYPE OF WORK FOR MOST OF WORKING LIFE)

13e STREET ADDRESS / ZIP CODE

MIDDLE

120 USUAL OCCUPATION

Homemaker

1985

INDUSTRY

26 HOUR

12b. KIND OF BUSINESS OR

21229

APPROXIMATE INTERVAL

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2170

If Hem Dept ld be deta MPORTANT

			-
L, CREMATION, REA	MOVAL 2	3b. DATE	
Burial		10/14	1/85

220 I certify that (1) This haspitals attended the deceased from

above, (1) (we) (did) (did not) view the body after death

man

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceased alive on.

224 PHYSICIAN'S NAME (TYPE OR PRINT)

21d INJURY OCCURRED

23L NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION Loudon Park Cemetery Baltimore

Maryland

24 FUNERAL DIRECTOR

23a BURIA

(SPECI

226 SIGNATURE

ARIL

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MEDICAL

Maryland 14 FATHER'S NAME FIRST Emanuel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CERTIFICATION 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING

Baltimore MIDDLI (IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE

USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b COUNTY 13c CITY OR TOWN

4 RACE

FIRST

SADIE

LAST Renna 166 SOCIAL SECURITY NO

MIDDLE

WHITE

Th CITIZEN OF WHAT COUNTRY

U.S.A.

FRANCES

Cathrine 17 INFORMANT

YEAR

DIVORCED

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

15

Columba ADDRESS

YRS

BALTIMORE CITY OR COUNTY OF DEATH

820 S. Caton Avenue

21227

215-40-4616 Jeannette Colnietro 4803 Grenville So 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic-

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET FACTORY, OFFICE FARM ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

NOX 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

211 LOCATION

200 AUTOPSY?

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and Iram the causes stated

ATTENDING

PHYSICIAN 22e. ADDRESS

MEDICAL

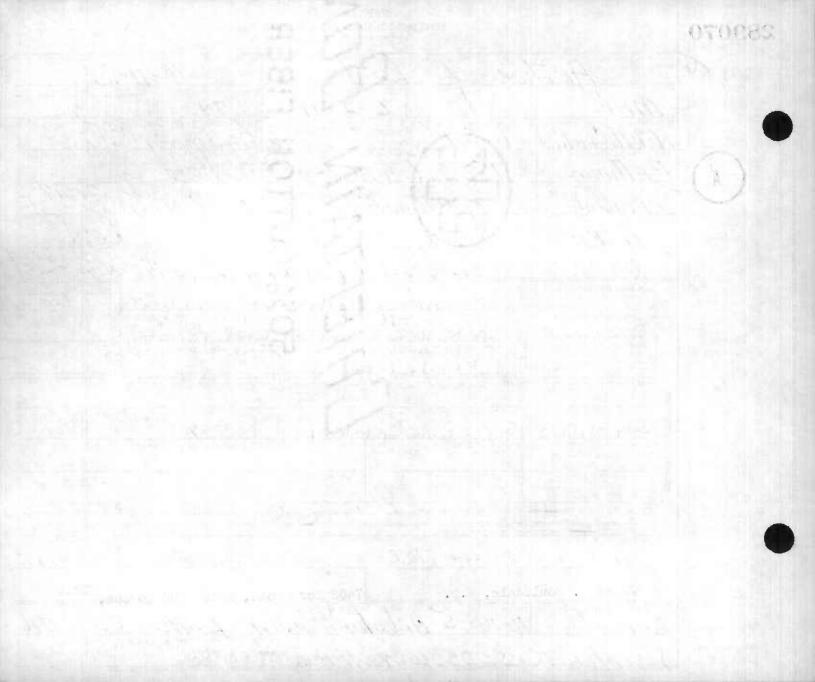
STAFF DIRECTOR PHYSICIAN L 22t. DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

21213

3331 Brehms Lane, Balto., Md.

(VRA 15, 4)



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the Service of the Se	CERTIFICATION	190 DATE OF OPERATION	F	VHICH OPERATION WAS PERFO	Y	ES NO IN	D. IF YES, WERE FINDS CERTIFYING CAUSE YES	
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the hor toche e Dep		776. SIGNATURE	unisaler	DEGREE	ATTENDINGFPROVIX PHYSICIAN DI	PHYSICIAN PHYSICIAN	R 10/	9/85
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BP		BURIAL, CREMATION, REMOVAL (SPECIFY)	10/10/85	234. NAME OF CEMETERY OR C		ROSEDALE	BALTO.	STATE
DHMH - 16 50M 4/83	24 8	UNERAL DIRECTOR SOL	LEVINSON & BI	ROS., INC.		C'D. BY REGISTRAR 25h	REGISTRAR'S SIGNA	TURE
(VRA 15, 4)	6	010 REISTERSTOW	N RD. BALTO.MI	21215	001	15 1985 4	ilia Davidson-	Manaca

E311003 A SHARE AND A SHARE AND A SHARE Marie Carlo State Control

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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1	1 DE	CEASED NAME	FIRST C	tis '	AIDDLE R	eiter	LAST		20 DATE OF DEATH M	ONTH D	DAY YEAR	2b HOUR
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	3.5E	Χ .		4 RACE		5 DATE			6 AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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	/			-		Se	pt 2	1889	96	YRS		
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\leq	40.00					WIDOWI		OIVORCED [MD.
11	III. CI	TY OR TOWN OF DEA	TH			URSING HOME (OR OTHER IN	STITUTION .	128 USUAL OCCUPATION	N	12b. KIND C	F BUSINESS OR
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	Thu V	VAS DECEASED EVER				L SECURITY NO.	17. INFORM		ADDRESS			
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p		No			088-	09-5373	Mrs.	Janet 1	R. Deitrich,	. 109	Welfo	ord Rd.
	-	ſ							210	•		
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	- {	SPECIFY)		11/1/	0 =				CITY OR TOWN		Balto.	Mď.
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DHMH - 16 50M 1/81 (VRA 15, 4)

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W.C. MARCH F/H CO 1101 E. NORTH AVE

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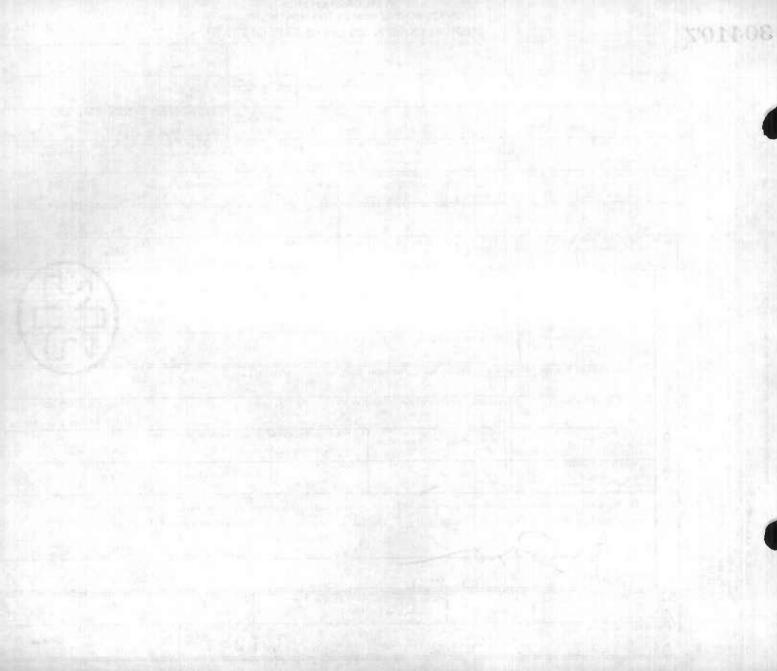
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 304107 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS W. IPRESTON STREET, LORA RICHARDS 10 27 1985 4 RACE AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 10:22 P M DEAD 1985 83 TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! DIVORCED Baltimore City Maryland
10 CITY OR TOWN OF DEATH WIDOWED II.S.A 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! OR INDUSTRY RETAIN PA OULD BE F PECORDS, 2 Baltimore South Baltimore General Hosp. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21215 13a STATE 1136 COUNTY 13¢ CITY OR TOWN T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore YES V NO [2605 Spelman Rd. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE LAST Richard Lawrence Brenda Webb 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS Apt. B1 (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATEST Charmaine McCloud 2605 Spelman Rd none 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Smoke inhalation and thermal injury IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AND MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 8:50.M. 10-27-19 85 House fire. 21e PLACE OF INJURY (AT HOME 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK STATE 2629 Round Rd. MD Balto. house Inspection X TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SALTIMORE, MARYLAND. 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Accident X Notural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 10-28-85 Mn Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S HAME 111 Penn St., Balto., MD 21201 Ann M. Dixon, M.D. TYPE OF PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BURIAL 10-31-85 ANNE ARUDEL MARYLAND CEDAR HILL 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) W.C.MARCH F/H CO. 1101 E. NORTH AVE.

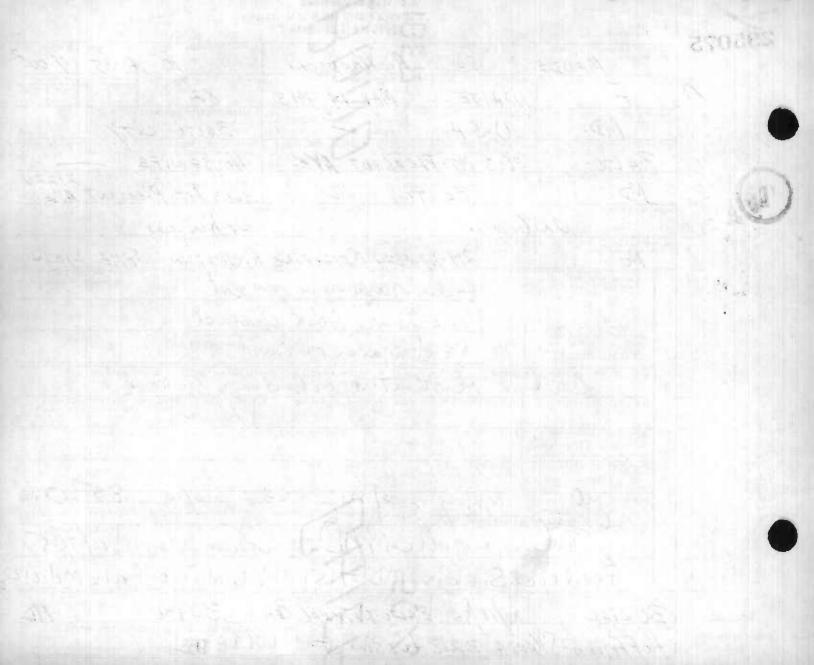
STATE OF MARYLAND



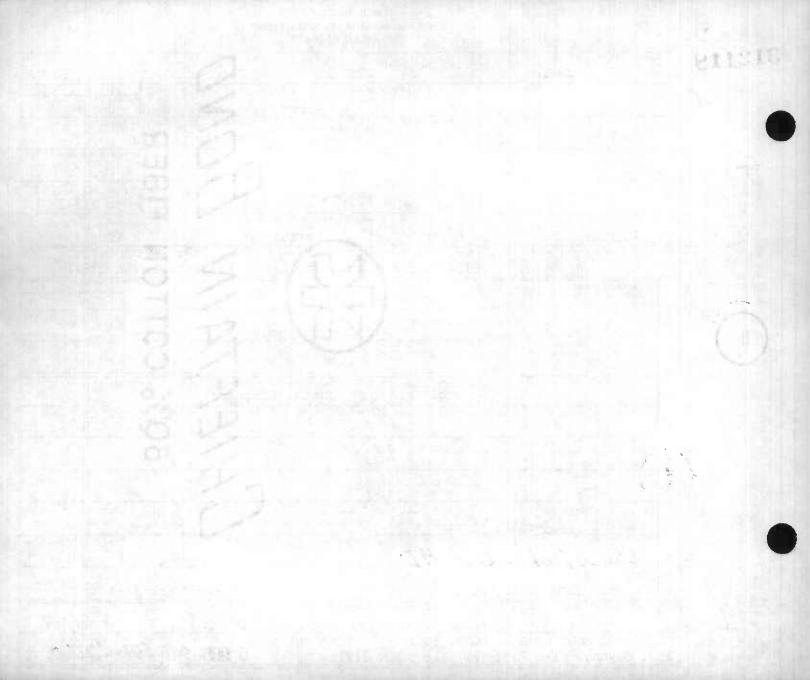
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D 2 2 2	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 12b. KIN	ID OF BUSINESS OR
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requestrates and seen so the control of the control	CERTIFICATION	Col	196 CONDITION FOR W	ma	ALLWAS DEDS OF THE	20a AUTOPSY?	206 IF YES, WERE FIN	ADINGS USED
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YSIC ling s cer	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19	211 LOCATION			
the the bond sed o	ME	WHILE TO NOT WHILE TO	(AT HOME STREET FACTORY O	FFICE FARM ETC)	STREET	CITY OR TO	wn county	STATE
DING or o or o or o or o or o or o		220 certify that (1) (this haspi	tal) attended the deceased f	rom.	10/1 10 8	10 10	20 10 85	, that (II (we) last
TOR INTERIOR		saw the deceased alive an abave (1) (we) (did) did no		/	nd that in (my) (aur) apinian	death accurred an the de	ate and have and from	
REC REC		226 SIGNATURE	t) view the bady after death.		DEGREE (A.I)		22c. D	ATE SIGNED
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To sho of with	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	EMETERY OR CREMATORY	23d LOCATION		
BP		Burial	24 October	DE C+	Anthony Shri	ne Emmits	burg, Fred	erick, MD
DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR			Anthony S 250 DA	TE REC'D. BY REGISTRAR		
(VRA 15, 4)		Skiles Funeral	Home, Emmits	ourg, MD	21727	3 This years	Strate Bereit	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH . DECEASED NAME MONTH 2b. HOUR LIYPE OR PRINTS AUDE 4 RACE IF UNDER 24 HRS 3. SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISLATE OR FOREIGN COUNTRY? DIVORCED [12h KIND OF BUSINESS OR ORK FOR MOST OF WORKING LIFE! INDUSTRY DISEWI USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13b. COUNTY CITY OR TOWN \$13d. INSIDE CITY LIMITS? YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST LAST 160 WAS DECEASED EVER IN U.S. 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUÊNCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 CERTIFICATION IM. IF YES, WERE FINDINGS USED HE DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO [Mentol Hyg 21a. ACCIDENT WAS UNDERLYING. T 216 TIME OF INJURY ZIL HOW INJURY OCCURRED LIMITED HATTHE OF HOUSE IN THE HE PART I DEPART TO 00 HOUR A.M. MONTH DAY YEAR ON CONTRIBUTING CAUSE OF BEATH OF EITHER, NOTHER MEDICAL DEMANDERS P.M 10 714 INJURY OCCURRED TIE PLACE OF INJURY TH LOCATION COUNTY CITY OF TOWN STATE AT HOME, STREET, FACTORS, OFFICE, FARM, ESC.) 27x I certify that (Lathis hospital) attended the and that is (our) opinion death occurred on the date and hour and from the causes stated above f(1) (we) (did) thid mt) view the bady. 12h SIGNATERE TE DATESIGNED ATTENDING should be deto with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 0 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE TONAL 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4) Tuna vayason-panasis



tems #5&6-film #G611-1/16/86 STATE OF MARYLAND



(VRA 15, 4)

4905 York Road Balto., MD

JOHNSON T. REFERENCE

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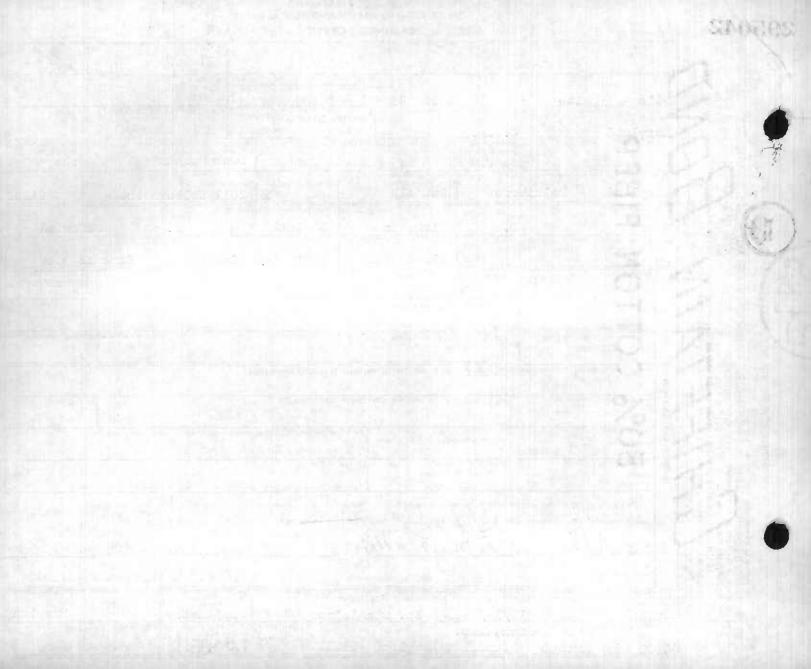
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ... FOR 295042 - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN XX MONTH TYPE CICERDAL) ESTI-Ricketts Norman М. DEATH MATED 10-14 19 85 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DATE 6:17 MONTH LAST BIRTHDAY) PRONOUNCED 19 85 DEAD Male White 10 31 1935 49 YRS D. M A BIRTHPLACE HITATE OF TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED FOREIGN COUNTRY. Baltimore City, WIDOWED [DIVORCED . Maryland IR CITY OR TOWN OF DEATH U.S.A. 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Francis Scott Key Medical Center Dock Worker Baltimore Esskav HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Dundalk Maryland 2011 Holborn Road 21222 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE E. Ricketts Ruth E. McDaniel Harry 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO ADDRESS / IYES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 215-30-9466 Betty Lou Ricketts Same as 13e 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 7 (g) 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURN YES Y NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOURX MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING NOR CONTRIBUTING CAUSE OF DEATH 1:50PM 10-1419 85 driver in auto/auto impact 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) AT WORK AT WORK 5800 blk. E. Lombard St., Balto., Md. street AutopsyXX Inspection 11s. I certify that Llook charge of the remains described above, held an Inquiry ecident XX Natural causes Undetermined monner TITLE (SPECIFY) EXECUTIFIED PAGE SHOUT TO FUNITION AFTER DEVILE BALTIMORE M.D. Assistant MEDICAL EXAMINER 10-15-85 Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION Maryland Baltimore Burial 10/18/1985 St. Stanislaus 07/84 25M 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Duda-Ruck, Inc. **DHMH** - 17 (VR A15 ME (5)) 21222 Dundalk, Maryland 7922 Wise Avenue



STATE OF MARYLAND

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eath. Page 4 may be per limited director, page 3 m/2 hours after aboth my base	3. 7a.	SEX Pemale BIRTHPLACE ISTATE OR FOREIGN Maryland	REAL R. 1. RACE Black 7. CITIZEN OF WHAT COUSA	icks 5. DATE (MONTH 3. DATE (DAY QUAT	10 22 6. AGE (IN YEARS LAST BIRT	YRS. MONTHS DATE	
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ond 2 sh	4	FATHER'S NAME Charles W. WAS DECEASED EVER IN U.S	Holland ARMED FORCES? LIAN SOL	LAST	15. MOTHER'S MAIDEN NAME E 1 1 a		ı	LAST
continued in the medic	1	IYES NO OR UNKNOWN) IF YES	CHIE IN A D CO D LIVER	-44-9577	Rev. Howard		80 East St,	OXIMATE INTERVAL IN ONSET AND DEATH
requires that the death cert requires that the death cert is a signed by the attending or to busiol, cremation, ar re y injury, or ather troumotic e	ZO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A C (b) 77 DUE TO, OR AS A C (c)	ONSEQUENCE OF		INAL DISEASE OR CON	DITION GIVEN IN PART	
O PHYSICIAN: The low rateding physicion. This certificate has been the buriol-transit permit, and Mental Hygiene prior Aced or hem 18 shows any	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		216. TIME OF INJUR		21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	206. IF YES, WERE FINE IN CERTIFYING CAUSE YES RY IN ITEM 18 PART 1 OR PART 2	ES OF DEATH?
NG PHYSICI offer this cert os the buriol th and Mente	1 MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		ORY, OFFICE, FARM, ETC.)	2H LOCATION STREET	CITY OR TO	wn COUNTY	STATE
TO HOSPITAL OR ATTEND retained by the hospital of TO FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Heal MAPORTANI: If them 21 is many than the 21 is many than 100 miles.		sow the deceased alive above, (I) (we) (did) (di		ht life	d that in (my) (aur) opinion of the control of the	MEDICAL STAF	224. DAT	1E SIGNED
D € C € € € € €	L	BURIAL, CREMATION, REMOTE BURILAL FUNERAL DIRECTOR	23b. DATE 10-28-85	Arlingt	emetery or crematory on Nat. Cem.	Artengto	on, H. CUNTY	Md . STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	- 24	Charles A. Ric	e FSPA 1300 E	eraw Pl,	-		25b. REGISTRAR'S SIGNA	

RIGIOS

89032	FOR STATE REGISTRAR	DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 5 2	8 2 6 6
11	1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 76 HOUR
be 3 ge 3	CARR	OLL V.	RIES SR.	OCTOBER 12,]	985 2:10AM
mod a	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
96 4	MALL	WHITE	OCT 3 1933	ba yrs	MONTHS DATS HOURS MIN.
6 Can 300	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
to to	MARYLAND	U-S.A.	WIDOWED DIVORCED [BALTIMORE	CITY MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	TURSING HOME OR OTHER INSTITUTION	178 USUAL OCCUPATION	176. KIND OF BUSINESS OR
40 s	BALTIMORE	CHURCH +	JOSPITAL	FUEL PUMP OP.	BETH. STEEL
24 hou silled in ould be mustibe	USUAL RESIDENCE (IF NURSING HOME 136 STATE 136 COL				21331
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ed we have	CEORES	Ris Ris	S MARY	WIDDLE	URBAO
be execu	1	RMED FORCES? 166 SOCIA SIVE WAR OR DATES) 2181	45722 FAMILY	RSCURDS	
ote operator vol.	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per line for (a),	(b), and ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertific g phy son po remo			CHOPNEUMONIA, LUNG	S, BILATERAL	DAYS
of the death cryy the attending se remove carb cremation, artistic streamotic.	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CON (b) ASTRO DUE TO, OR AS A CON	OCYTOMA (GRADE XX	II),LEFT PARIET ORAL LOBES	O MONTHS
or of		(c)			

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1_{10} ULCERATION ASCENDING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE FARM ETC) NOT WHILE 220.1 certify that (Nothis haspital) attended the deceased from OCTOBER saw the deci ve on OCTOBER and that in (my) our opinion death occurred on the date and hour and from the causes stated above, (1) we diet 226 SIGNATUR DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF

ADDRESS 800 SMORSS HARDEN

73c NAME OF CEMETERY OR CREMATORY

NO

CORPORATION

BALTIMORE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Lelin Tavidson

3d LOCATION

CITY OF TOWN

STATE

BP.

CERTIFICATION

MEDICAL

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

24 FUNERAL DIRECTOR

NAME

236 DATE

marked or Item 18 shaws

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MPORTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

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1	-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	p1.00		0.146	-	

	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO	O.			
1. DECEASED NAME FIRST			MIDDLE LAST RINGGOLD		20	DATE OF DEATH	DAY YEAR	20. FIOOK			
	Mary					October 8, 1		1985	.985 5:40A M		
3.	SEX	4 RACE		S. DATE C			AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.	
	F	В		2 MONTH	2 19	05	80	YRS.	MONTHS DATS	HOOKS MIN.	
70	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9	BALTIMORE CITY O		Y OF DEATH		
V	'iriginia	U.S.A.			DIVORCED	5	Baltimore City MI				
	0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURS II (IF NOT IN SUCH FACILITY, GIVE STREET			ING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION			12b. KIND	OF BUSINESS OR			
	SUAL RESIDENCE (IF NURSING HOME 30. STATE 13b. CO Maryland	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS YES A NO	S? 13	STREET ADDRESS / O 4 N . Sm	zig coi ially	vood St	t. 21223	
2 14	Charles	WIDDLE	Goins		Elizabet		MIDDLE		Goi	ns ns	
(NAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SEC		RITY NO.	17 INFORMANT		ADDRE				
	no	ONE WAR ON DATEST	none	Rev. Kenny		nny	y Powell 2411 Ar			runah Ave.	
	Retween only one couse per line for Io), (b), and IC. APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH										
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	00.00.00.00.00.00.00.00.00.00.00.00.00.	P. 21e PLACE	M. MONTH DA M.	19 ARM, ETC)	21c. HOW INJURY OCC	CURRED		RY IN ITEM 18		STATE	
	220 I certify that XX this hospital) attended the deceased from October 7, 19 85 to October 8, 19 85, that (X(we) lost saw the deceased alive on October 8, 19 85, and that in (Xy) (our) apinion death occurred on the date and hour and from the causes stated of the october 8, 19 85, and that in (Xy) (our) apinion death occurred on the date and hour and from the causes stated of the october 8, 19 85, and that in (Xy) (our) apinion death occurred on the date and hour and from the causes stated of the october 8, 19 85, and that in (Xy) (our) apinion death occurred on the date and hour and from the causes stated of the october 8, 19 85, and that in (Xy) (our) apinion death occurred on the date and hour and from the causes stated of the october 8, 19 85, and that in (Xy) (our) apinion death occurred on the date and hour and from the causes stated of the october 8, 19 85, and that in (Xy) (our) apinion death occurred on the date and hour and from the causes stated of the october 8, 19 85, and that in (Xy) (our) apinion death occurred on the date and hour and from the causes stated of the october 8, 19 85, and that in (Xy) (our) apinion death occurred on the date and hour and from the causes stated of the occurred on the date and hour and from the causes stated of the occurred on the date and hour and from the causes stated of the occurred on the date and hour and from the causes stated of the occurred on the date and hour and from the causes stated of the occurred on the date and hour and from the causes stated of the occurred on the date and hour and from the causes stated of the occurred on the date and hour and from the causes stated of the occurred on the date and hour and from the causes stated of the occurred on the date and hour and from the causes stated of the occurred on the date and hour and from the causes stated of the occurred on the date and hour and from the causes stated of the occurred on the date and hour and from the causes stated on the occurred of the occurred on the date and hour and from the cau										
23	BURTAL CREMATION, REMOV.	23b. DATE 10-1			EMETERY OR CREMATO	ORY	23d LOCATION Baltimor	·e	COUNTY	Marylan	

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: IF

W.C. March F/H Co. 1101 E. North Ave.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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1	1	FOR	DEPARTM	STATE OF MARYLAND	TAL HYGIENE -	2 8	2 9 6 8
94085	1		. Ripnick	CERTIFICATE OF DEAT	TH R	EG. NO.	
1 75 %		CEASED NAME FIRST	L.	RIPNICK	20 DATE OF DE		300 m
6 87	3 583		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS	LAST BIRTHDAY) IF	FUNDER LYEAR IF UNDER 24 HRS
200	/	FEMALE	CAUCASIAN	ALC:	25 59	YRS.	
	7a BII	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	RIED -	ALTIMOS	A 1
143	EA	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A SOUTH BALT.	DDRESS)		MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
135	IJa. S	TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE UTY Brookly Brookly	N 1134 INSIDE CITY LI		RESS / ZIP CODE	E ZIZZS
1/2	/ FA	THER'S NAME FIRST HOWARD	MIDDLE LASS	15 MOTHER'S MA	BEL	DDIE	THOMPSON
10 12		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU 219100		W. Ripnich	ADDRESS C (same	as 13e)
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one cause per line far (a), (b), and	lich:	CARDINC A	AQQEST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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tigned has plig to buriol quey, or	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO E	EATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE OF	CONDITION GIVE	N IN PART Tra
117	THEATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORME			WERE FINDINGS USED ING CAUSES OF DEATH?
100	AL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)
and Me	MEDIC	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F)	211 LOCATION	Cr	SY OR TOWN	COUNTY STATE
for use a of Health 21 h mo			tal) ottended the deceased from	, ond that in (my) (aur)	opinion death accurred or	the date and hour	9 8 5 , that (1) (we) last and from the causes stated
Par I		22b. SIGNATURE		DEGREE	IDINIC MEDICAL	CTAFE	22c. DATE SIGNED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	22d PHYSICIAN'S NAME CLYPE O	K. Galud I	PHYS	NDING MEDICAL LICTAN DIRECTOR 1	STAFF PHYSICIAN	10 12 185
APORTA			L. GALVIN	3001	S. Hymouek	. st. B	ORTE 140 21230
		BURIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 10-18-85 G1	en Haven Met	m Pk Glen	Burnie	
1 - 16 60M 7/B4		INERAL DIRECTOR Balt	o. Md. 21225	o Ugun:	25a. DATE REC'D BY REGI	BE 25 REGISTR	AR A SIGNAL PANDALL
(VRA 15. 4)	IT	EUTEE J. GONG	SE WOOT KILCHI	E DEWA	1 001 - 1		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21701

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8066	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	YGIENE REG. NO.	3 2 6 9
decit 3		CEASED NAME Will Wills		Ritter, S	r 20. DATE OF DEATH MONTH C	YEAR 26 HOUR S'38 PM
350). SE	Male	uhte .	5. DATE OF BIRTH MONTH DAY YEAR	- 70 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
16 B.	1	ary land	The CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED L	Baltonere	OF DEATH MD.
11 38	13	11 or town of DEATH	Colversity of	/ largard (ance (enter	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORPING LIFE TO CO RE	
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1300		Voseph	RAST RAST	15. MOTHER'S MAIDEN N	MIDDLE	Bishop
on and or	160 \		MED FORCES? 16b SOCIAL SEC WAR OR DATES) 212-01-9		ADDRESS itter,1601 Fallsto	Md. 21047 n Rd., Fallston
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ECTOR J d for one 1 of Mean m 21 is m		sow the deceosed ofive on above, (1) (we) (did) (did not	ol) attended the deceased fram.	and that in (my) (our) apinio	on death occurred an the date and haur	
RAL DIRECTOR CHESCHA		22b. SIGNATURE	Me Delu	DEGREE ATTENDING PHYSICIAN		10/29/85
My Hadde		RUSSELL I	C. Delucy 1	1, n. 27. Sou	the Greene Si	- B9H 110
ВР		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		ardens of Faith	Balto., Md.	COUNTY STATE
IMH - 16 60M 7/84 (VRA 15, 4)		uneral director leonard J. Ruck,	Inc.,5305 flarf		OCT 3 1 1985	RAR'S SIGNATURE

STATE OF MARYLAND

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		Ī		EASED NAME FIRST	70.70	WIDDIE	10.1	LAST	20. DATE OF DEATH	MONTH DAY	Y YEAR 2b.	HOUR
12	oge 3		(TYPE)	Dona:	Ld	W	Robe	erts	9 to	28 8	5	? "
6	pod er de		. SEX		4 RACE		5. DATE		6 AGE (IN YEARS LAST B	- 4 Pr	UNDER I YEAR IF	UNDER 24 HRS
	ge 4			Male		ite	Octo	ber 6 193		YRS		OURS MIN.
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2120	å å			L RESIDENCE LIF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				9,	0 5 .
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BALTIMORE, MARYLAND 2120	Poger I	7		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) I IF YES, (RMED FORCES? GIVE WAR OR DATES}	166 SOCIAL SECU	RITY NO.	Paul F Rol		Fict Halle	Heights eck St	s Md
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DIVISION OF VITAL RECORDS.	G PHYS ortending er this ord Michael		MEDICAL	21d INJURY OCCURRED WHITE NOT WHITE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
0	A Per o Per			22a.1 certify that (I) (this has	pital) attended th	ne deceased from_		. 19	, to	, 19	, that	t (I) (we) lost
	Spitol CTOR I for u			sow the deceased alive above, (I) (we) (did) (did)	not way he body	ofter death.	, o	nd that in (my) (our) apin	ion death accurred on the	date and hour o	and from the cou-	ses stated
	OR A DIRE Doched Dept			22h. SIGNATURE	()		,	DEGREE ATTENDING	G MEDICAL ST	AFF	22c. DATE SIG	NED
	PITAL by 11 IERAL Store ANT:	-		27d. PHYSICIAN'S NAME (1YP		W	/	PHYSICIAN	DIRECTOR PHYS	CIAN	1010	CY
	TO HOSPITA retoined by TO FUNERA should be de with the Stot IMPORTANT			Arturo P.	Norico,	M.D.		102 E. For	rt Ave., Balt:	imore, 1	Md. 2123	30
	5 5 5 4 3 X			URIAL, CREMATION, REMOVA			NAME OF (EMETERY OR CREMATOR				
	BP			Burial	30ct1			Hill Cemet		~	Mary]	
	DHMH - 16 50M 4/83	3	24 FU	NERAL DIREC Robert			eral	Home 250	DATE RECO IN HEGISTRA	25h REGISTRA	R'S SIGNATURE	IN SECTION AND ADDRESS OF THE PARTY OF THE P
	(VRA 15, 4)			Suitla	nd Mar	yland		114	- ANDERSON	franklin	Michigan John	date.

Arturo - Rerico, F.u. 161 . Pert Ave., Paltimore, 143.

- The second of the second

d b BP

DHMH - 16 60M 7/84 (VRA 15, 4)

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DIRECTOR PHYSICIAN

PHYSICIAN |

250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

11.34 HAVOYEN AS BASSIES

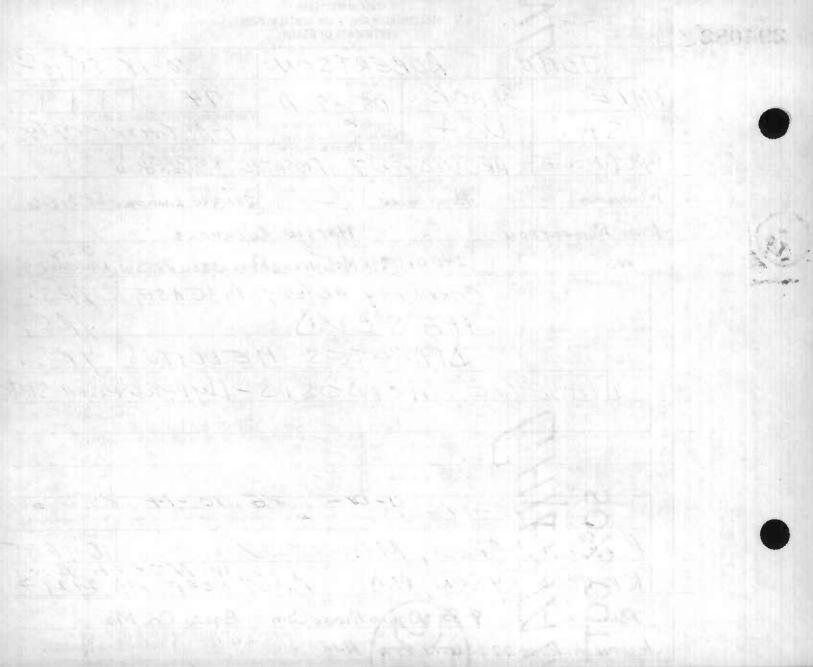
2501 GWYNNS FALLS PARKWAY, BALTO...

DHMH - 16 50M 4/83

(VRA 15, 4)

16 1985

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noy be		CEASED NAME TOHN MIDDLE ROBERTSON 20. DATE OF DEATH MONTH DAY YEAR 12. HOUR OF M
ge 4 ma ector, po urs offer o	3. SE	A. RACE A.
death. Po		RTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED DIVORCE
by the filled with	LE	ACTIVALE PROVIDENT ABSENTAL NURSING HOME OR OTHER INSTITUTION IN USUAL OCCUPATION IN LINE OF BUSINESS OF PROVIDENT ABSENTAL NUMBER OF BUSINESS OF PROVIDENT ABOUT THE
filled in hould be errhystable	130. 5	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 136. STREET ADDRESS 137. LANUAL ST ST 2/2/6
ompletel ond 2 s	10	ATHER'S NAME FIRST ATHAN ROBURTSON 15. MOTHER'S MAIDEN NAME FIRST HATTIN WORRELL LAST
on and c		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 21214 VES. NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 240010298 MISSINGAMA ROBERTSON 7803 W. LANNANG 97
ST, B. H.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY ARTORY VISEASE MENONS AND DEATH IMMEDIATE CAUSE (a) CORONARY ARTORY VISEASE MENONS AND DEATH
death contending outending or corbing or corp.		Conditions, if ony, which gove rise to immediate
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cen sign tr. Then tion to bury, injury,	ATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO STATE 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 1206. IF YES, WERE FINDINGS USED
VITAL REC	CERTIFICATION	IN CERTIFYING CAUSES OF DEATH? YES NO
NG PHYSICIAN: The ottending physicion ther this certificate h as the buriol-transit phond Mental Hygier though and Mental Hygier phond or tem 18 show onked or tem 18 show	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY 211 LOCATION
DIVISION DING Proceed of the and marked of	ME	WHILE AT WORK AT WORK (I) (Man-hospital) oftended the deceased from 4 - 4 1985, to 6 - 4 1985, that (II) (County State
R ATTEN hospital hospital hed for us sept. af Hem 21 is		saw the deceased alive an obove. (I) (a) (did) (did) view the body ofter death. DEGREE 220. DATE SIGNED
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TO HOSPIT retained by TO FUNER should be d with the Sto		REHARD (YSON, MJ) BALTCHORE MD 21217 BURIAL, CREMATION, REMOVAL 1236. DATE 1236. NAME OF CEMETERY OF CREMATORY 1236. LOCATION 1236. LOCATION
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DHMH - 16 50M 4/B2	24 FL	UNERAL DIRECTOR 1250 DATE REC'D. BY REGISTRAR'SS, REGISTRAR'S SIGNATURE 1250 DATE REC'D. BY REGISTRAR'S SIGNA



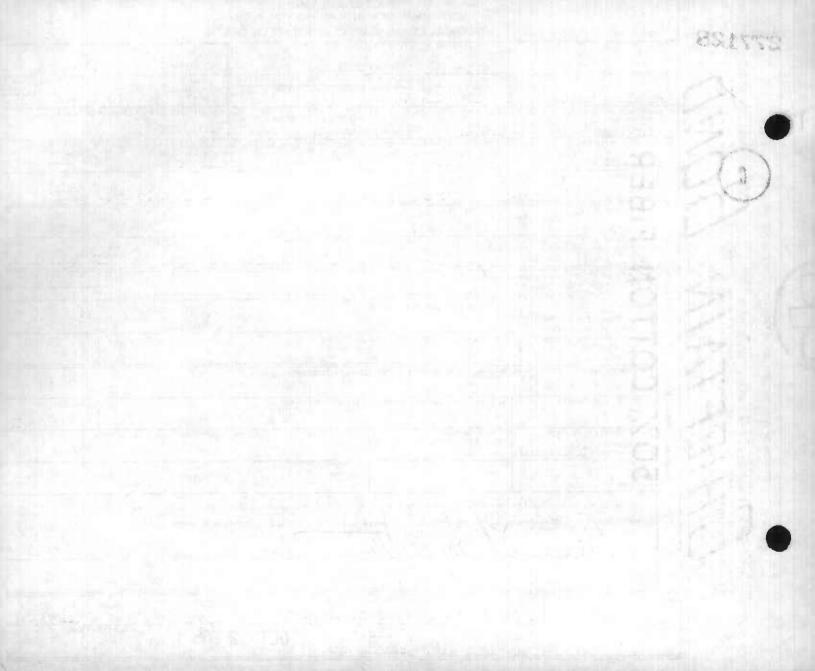
STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

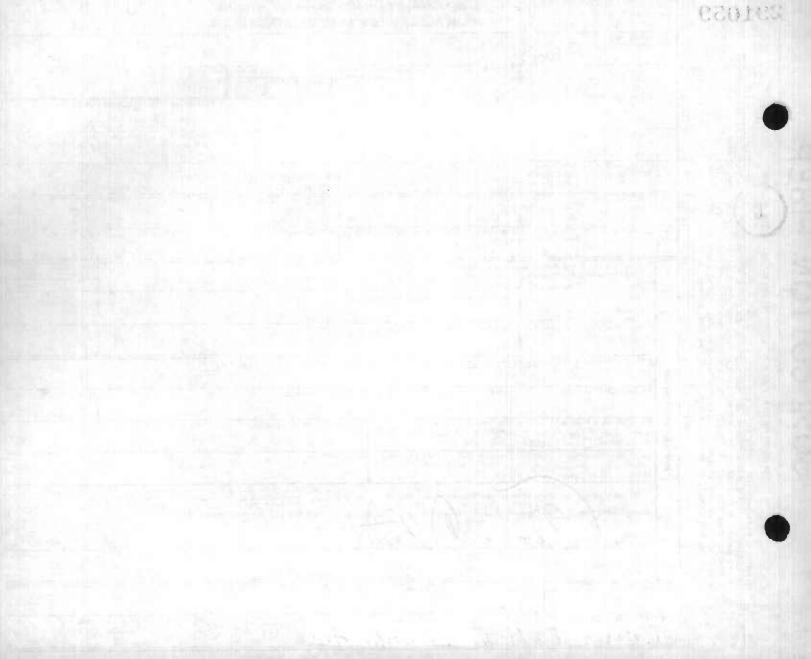
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may er d	3. SE.		1 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
ge 4		Male	Caucasion	MONTH DAY YEAR	66 YRS	MONTHS DATS HOURS MIN.
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s after o	-	Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET SOUTH BY 14)		Glass Machine Opera	126 KIND OF SUSINESS OR INDUSTRY tor MD Glass Corp.
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d cor	16a V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU		ADDRESS	
Page ex	a	n Knew D	23614.	5287 Leona R. Rob	oinson, Same as	13
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ig ph panp remo			E CAUSE (o)	ispulmonary Hi	rrest	minutes
endin cork n, ar matic	14		DUE TO, OR AS A CONSEQUE			dens
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that the that the day the ease read, create and, create are athered.		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUI	NOMA - Lung, Co	land, Prostate	months
equires an signe Then pl r ta buri injury, a	NO	PART 2 OTHER SIGNIFICANT C	ondition's <u>contributing to </u>	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GI	VEN IN PART 1:0
he law on. thos been to permit, ene prio	CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	S. WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
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R AI hosp hosp hed f		The SIGNATURE	view the body offer death,	DEGREE	The second second second	22c DATE SIGNED
the the Detacle		Xenal M	Lamacas	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-9-15
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C HOSPI		Leonard	M. Lamont		S. Hanover S	t. Baltimore
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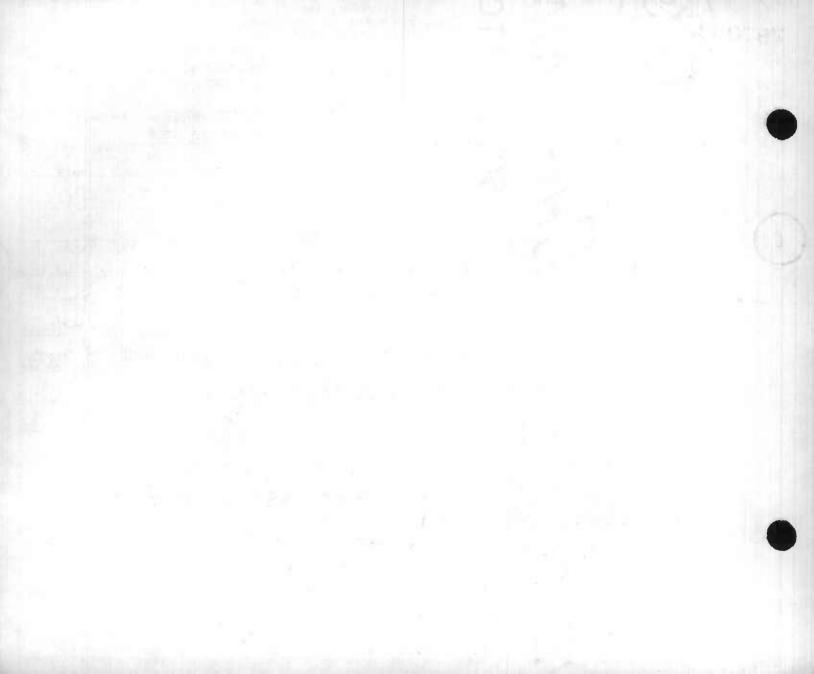


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		18. CAUSE O	F DEATH (Enter of	only one cause per lin			1000				81	APPROXIMATE	INTERVAL I AND DEATH
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ģ.		a his			AS A CONSE	QUENCE OF							
		gave ris	ns, if any, whice se to immedia	te / (b)									9-67
		cause (a) lying cau	stating the under	DUE TO, OF	AS A CONSE	QUENCE OF							
			T. 163	(c)									
	-	PART 2 OTHER SI	GNIFICANT CONDITION	S CONTRIBUTING TO DEATH		TO THE TERMINA	IL DISEASE OR	CONDITION GIVEN IN PA	RT 1 to 1				
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1	2	190 DATE OF	OPERATION	1%. COND	TION FOR WI	HICH OPERAT	ION WAS	PERFORMED?			20	AUTOPSY:	?
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3	2	UNDERLYING	-	216. TIME O HOUR A.A	A. MONTH D	AY YEAR	21c HOW	INJURY OCCURRE	D SENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)		
1	MEDICAL	CONTRIBUTION 214 INJURY C	NG CAUSE O		OF INJURY	19	11/1061						
	N N				TORY, FARM, ETC.		21f LOCA STREE		CITY OR TOW	N	COUNTY		STATE
		AT WORK	NOT WHILE										
		22a I certif	y that I took cha	rge of the remains de	fibed above	, held an	Autopsy	, Inspection	n XX Inquiry		my apinian		
		death results	ed from: Not	ural cause XX	Afficient L	J. Juicio	de,	Hamicide .	Undetermined mar	ner ,			
		ACTUAL D	10000	1/1/	Le &	1.10	(,)	TITLE (SPECIFY)					-539
Ļ	1	SIGNATURE.	ullu	Ma/X	my)	110/14	LMD.	Assistant	MEDICAL EXAMI	NER	DATE SIGNED	10-1-	-85
9	1	EXAMINER'S	NAME DOX	nic F Cm	M.	D		111 0	enn St., E	221+0	Md	21201	
\leq		(TYPE OR PRI		nnis F. Sm		-		DRESS		aitu.,	MG.	21201	
	230. B	PECIFY)	TION, REMOVAL		1	ME OF CEME			23d. LOCATION CITY OR TOWN		COUNTY	ST	ATE
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		NAME		ADDRES:		212		OCT	2 1985	256 REGISTR	AR BASIGUM	Hoskielor	leg.
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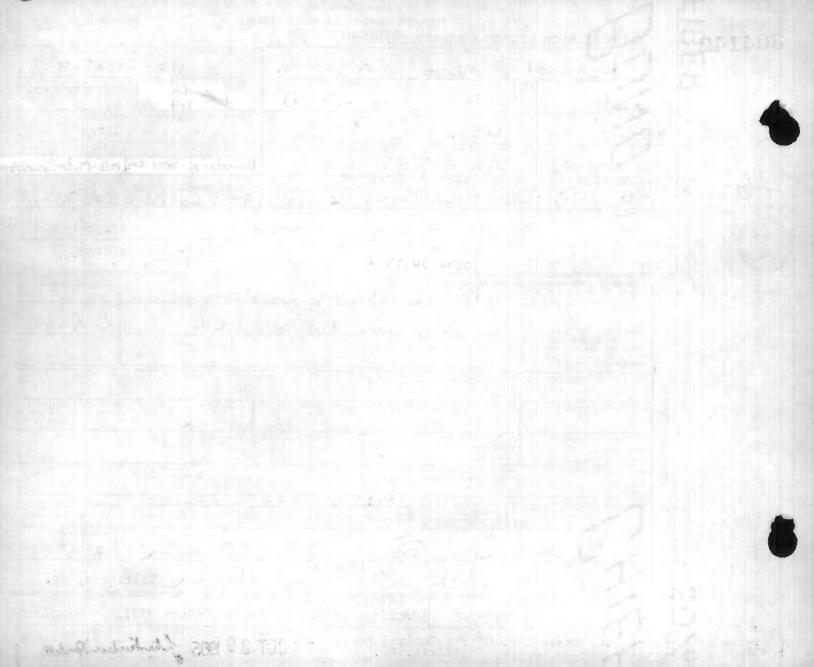
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1059	11-	FOR STATE			EPARTMENT OF		MENTAL HY	GIENE	2 8	2 / 0	
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	FC	REIGN COUNTMO		USA		MARRIED N	DIVORCED		imore Ci		
-	10. C	ITY OR TOWN	OF DEATH	II NAME OF HOSP	ITAL, NURSING HOM			20 USUAL OCCUPATION		126 KIND OF BUSINE	SS
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				OR OTHER INSTITUTION, GIVE	ent Hospit			Unemploy	ed		
	13a S	TATE Md	136 COU	NTY	13c. CITY OR TOWN			Be. STREET ADDRESS			
	1				Baltimore	YES LX	NO D	2507 Woodb	rook Ave	nue 21217	
	14. F.	ATHER'S NAME		MIDDLE	LAST	15. MOT	HER'S MAIDEN	NAME		LAST	
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	160	WAS DECEASED	DEVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURI	TY NO. 17. INFO	RMANT	A	DDŖESS		
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			F DEATH (Enter o	only one cause per line fo		1000	, ac i iiic	THOMAS FOR	<i>N</i>	APPROXIMATE INTER	VAL
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		COLL	IMMEDIA	ALE CHOSE (O)	S A CONSEQUENCE						
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			se to immediat stating the under		S A CONSEQUENCE	OF					
		lying cau		DOE TO, OR A	3 A CONSEGUENCE	OF					
		BARL 2 CIUCA CH	CAUFICANT COMOUTION	(c)							
	z	PARI Z UTNEK SII	GNIFICANT CUNUITIUN	S CONTRIBUTING TO DEATH BU	I NUT RELATED TO THE TER	MINAL DISEASE OR CONDIT	TION GIVEN IN PART 1	10:			
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į	-	EXAMINER'S	NAME mi	oomaa D. Cm	ith MD	0	111	nn Cl. D-	The MD		
	-	(TYPE OR PRI		nomas D. Sm		ADDRESS		nn St. Ba	TCO.MD.		
	23a.B	URIAL, CREMA	TION, REMOVAL			METERY OR CREMA	TORY	23d. LOCATION CITY OR TOWN	COU	NYY STATE	
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	24 F	UNERAL DIREC	TOR	A ADDRESS			250. DATE REC	1 6 1085	REGISTRAR'S	SIGNATURE	
	IN	4. Mar	in F	-11. Inc	West 430	20 Wabash	061	- 0 1300	1		





04133	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 5 2 8	2 7 8
. m= /		CEASED NAME FIRST KENNET	MIDDLE	ROB INSON	20 DATE OF DEATH MONTH DAY	201110011
4 may be	3 SE	x	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER TYEAR IF UNDER 24 HRS
age .	7- 01	Male IRTHPLACE ISTATE OR FOREIGN	Black 76 CITIZEN OF WHAT COUNTRY?	.,	9 BALTIMORE CITY OR COUNTY O	
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spital or CTOR: Af for use of Health		22a 1 certify that (X (this hasp saw the deceased above obove. (A (we) (did) (and a	outol) attended the deceased from	OCTOBER 9 19 85	to OCROBER 22 19 death occurred on the date and hour a	85, that X (we) last nd from the couses stated
ALOR A the hor ALDIRE		276 SIGNATURE DW	in Rm	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/22/85
or HOSPITA eroined by TO FUNER should be d with the Sto		M. DURANT	E, M.D.	22e ADDRESS		
BP		BURIAL, CREMATION, REMOVAI (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Trison Forest Ceme		Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director Ley-Douglass F	uneral Home 1°348	N. Calhoun St. 0	CT 29 1985	R'S SIGNATURE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 304142 REGISTRAR LYNWOOD MILTON ROBINSON REG. NO 1 DECEASED NAME 20 DATE OF DEATH 2b. HOUF TYPE OR PRINTS Robinson SR. ynwood 10 Milton 3. SEX 4 RACE 6 AGE 5. DATE OF BIRTH white October 29,1917 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED U.S. A. Maryland 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDLISTRED. MOTOT Director of Services-Truck Assoc incu USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13L COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MO 15 a timone boltimore Coleridge FATHER'S NAME 15. MOTHER'S MAIDEN NAME Wiegant Catherine Franklin Robinson John 947 Coleridge Road Baltimore, MD. 21 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Yes 214-10-6809 Marie Robinson APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: robable IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF thranbosis Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) P.M 19 21f LOCATION 71d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 CITY OR TOWN STATE 220 1 certify that (1) (this hospital) attended the deceased from 10-24 19.85 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave (1) we) (did) (did not) view the body after death. 226. SIGNANIR DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS shauld be Baltimore, MD. 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial Owings Mills Garrison Forest Veterans 10/28/85 Leroy M. & Russell C. Witzke Euneral Homes P.A. DHMH - 16 50M 4/83 (VRA 15, 4) Baltimore, MD. 1630 Edmondson Avenue.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS VIRGIE ROCKEL S. DAIL OF BIRES AGE (IN YEARS LAST BIRTHDAY) DAY a BIRTHPLACE ISTATE OR FOREIGH 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia U.S.A. Baltimore City DIVORCED WIDOWEDXX NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Garments Baltimore South Baltimore General Hospital Seamstress SUAL RESIDENCE (IF NURSING HE E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN Maryland ANNE Arundel Glen Burnie 304 Shipley Avenue 21061 MIDDLE W NO) (UKNO UKNOWN BAKER 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Joseph Baker 5655 Braxfield Road 21227 216-03-2714 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic arres PART I. DEATH WAS CAUSED BY inirute? IMMEDIATE CAUSE 10 Canditions, if any, which gave rise to immediate cause (a), stating the PART 2. OTHER SIGNIFICANT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOD NO [710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (this haspital) attended the deceased from saw the deceased alive an abave, (we) (did) (did not) view the bady after death and that in (my) (aur) apinian death accurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial 10/31/85 New Cathedral Cemetery Baltimore Maryland 24 FUNERAL DIRECTOR

HUBBARD FUNERAL HOME, INC. 4107 Wilkens avenue

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 2b HOUR IF UNDER ! YEAR IE LINDER TO 9 BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY Food Preparer School 13. STREET ADDRESS / ZIP CODE 5708 Gischel Street 21225 15 MOTHER'S MAIDEN NAME MIDDLE ADDRESS William Rogers 8443 Rugby Rd Pasadena, Md Acute myo conder PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Liq 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) STATE and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 10-18-85 MEDICAL DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md

10/22/85

Meadowridge Mem Park

23d. LOCATION Baltown

Howard

STATME

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

in , and many tol winds 1946 a conon catiffe a vector in the many long, and

material and a superior of the control of the contr

Datas vent altern 1004 acted to compact

23c NAME OF CEMETERY OR CREMATORY

21213

Holy Redeemer Cemetery

Balto., Md.

250. DATE REC'D. BY RECOSORAR 250, BEGIS BASIS SIGNATURANCE

10-11-85

24 Schimunek Funeral Home, INc.

3331 Brehms Lane, Balto., Md.

DHMH - 16 60M 7/84 (VRA 15, 4) 23m BURIAL

Burial



DHMH - 16 60M 7/B4 (VRA 15, 4) 21 FUNERAL DIRECTOR
DIPPELTUNERAL HOME MOBELAIR POL BALTO

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

8, 1 4 11. 10/13/25 34 Grace De Permanic la The state of the s market W.S. F. Buttimere the castly of Marylan in the Messelved - Belthow - 477 Senth Eller State and the second of the second o

FOR - STATE REGISTRAR

DECEASED NAME [TYPE OR PRINT]

10 CITY OR TOWN OF DEATH

BAITIMORE

14 FATHER'S NAME

STATE OF MARYLAND

	CERTIFICATE OF DEATH	REG. NO.		
LE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
		OCTOBER 16.1983	5	
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	PANIE 2 3DAY 1 40 TYEAR		MONTHS DAYS	HOURS MIN.

MALE	4 RACE WHITE	JUNE 230AY1 27'EAR
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED
MARYLAND	USA	WIDOWED DIVORCED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION STO MAGNES HOSPITAL

BALTIMORE CITY 12b. KIND OF BUSINESS OR MYRUCKING

BALTIMORE CITY OR COUNTY OF DEATH

13e STREET ADDRESS / ZIP CODE

4			
	IF NURSING HOME OR	OTHER INSTITUTION GIV	E RESIDENCE BEFORE ADMISSION
13 WARVI AND	IN COUR	TMORE 13	ARRUTUS"
MARVIAND	IKALI	IMURE	ARKITTIS

HUNTER J. ROMM

13d INSIDE CITY LIMITS? LAST

CIRCLE DRIVE 15. MOTHER'S MAIDEN NAME MARGARET FITZPATRICK

21227 LAST

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO 217-20-4520

ADDRESS 17 INFORMANT MRS. SHIRLEY ROMM

1261 CIRCLE DRIVE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	calori	· 2hs.
Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF	de Voscul Dise	u schre

underlying

PART 2 MAHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT NO [

21a.	ACCIDENT	WASUN	ADE BIAIN	iG 🗌
OR	ONTRIBUTI	NG 🗌	CAUSE	OF DEATH

saw the deceased alive an ..

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART ?)

21d INJURY OCCURRED NOT WHILE

22s I certify that (I) (the

21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC.)

211 LOCATION

CITY OF TOWN

and that in (my) the apinian death accurred an the date and hour and from the causes stated

226 SIGNATURE			
C. Legs	Cally.	1	hi
BRA BLING ICHANNE NI	A 4 4 F	-	

above, (1) (we) (did) (did not) view the bady after death.

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [22c DATE SIGNED

STATE

CITEE DATITEE TO

22e ADDRESS WESTVIEW MALL

WESTVIEW, MARYLAND 21228

DK. CLITT KAT	LIII, JIKE IN	
23e. BURIAL, CREMATION, REMOVAL	23b. DATE	
BURTAL	10/21/85	

231 NAME OF CEMETERY OR CREMATORY

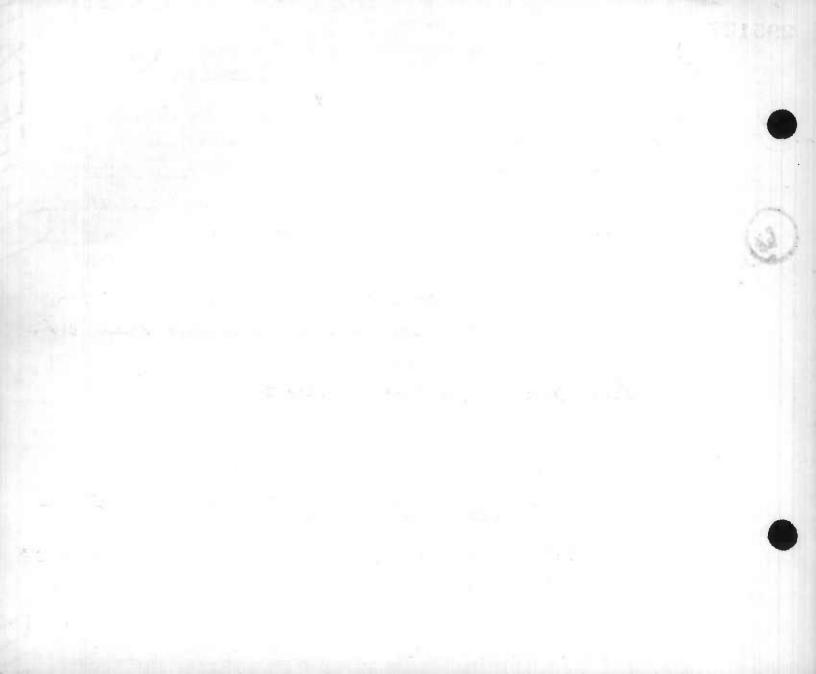
DEGREE

MARYLAND VET, CEMETERY GARRISON FOREST BALTO. MARYL.

24 FUNERAL DIRECTOR

1328 SULPHUR SPRING ROAD AMBROSE. INC.

DHMH - 16 50M 4/83 (VRA 15, 4)



DHMH-16 30M 2/80 (VRA 15, 4) 24 FUNERAL DIRECTOR

Walter Brooks Bradley Inc. Balto., Md. 21222

250. DATTRES DELY ACCIONATION POR 1250. DATTRES DELY ACCIONATION DEL CONTROL DE LA CON

STATE OF MARYLA
DED A DEMENT OF HEALTH AND I

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

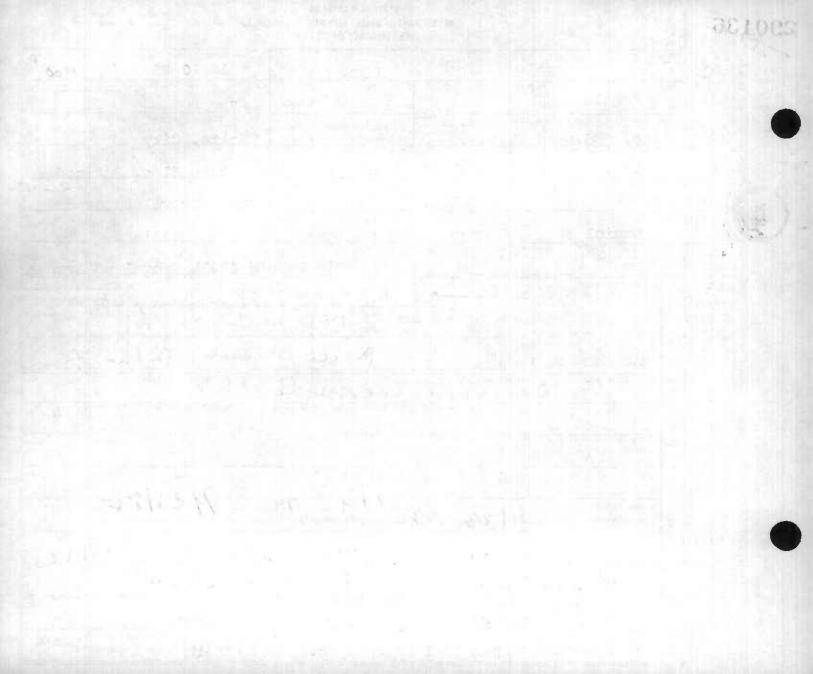
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Em	Q	60	O	4

	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	GIENE O REG.	NO.	8 2	0/
I	1 DECEASED NAME FIRST		MIDDLE	. 10	LAST	2a. DATE OF DEATH		AY YEAR	26 HOUR
ı	(TYPE OR PRINT) JESSI	· Fi		7	ROSS	10-1	Q -85		11:00 . M
ł	3. SEX	4. RACE		5. DATE O		6. AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
	Female	В		MONT		79		ONTHS DAYS	HOURS MIN.
	70' BIRTHPLACE STATE OF FOREIGN' COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	`
4	Balto., Md.	U.S.	HOSPITAL NUIDSIN	WIDOWI	DIVORCED DIVORCED	Balto.		TIZE KINID C	MD. OF BUSINESS OR
2	Balto.	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR MOS	TOF WORKING LIFE	INDUSTRY	
4	WSUAL RESIDENCE (IF NURSING HOME O		202 Grov		nd Ave.	Western	Elec	Reti	
	130. STATE 13b COU		Balto.		13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	rovela	and Av	2/2/S zenue
1	14. FATHER'S NAME				15 MOTHER'S MAIDEN NA	ME			
	Daniel	MIDDLE	ones		Emma	MIDDLE	Willia	LAS'	ī
1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADD	RESS	11115	-100
	(YES, NO OR UNKNOWN) (IF YES G	VE WAR OR DATES)	e de la composição de l		Mamie LeDu	iff 42025	Grove	eland	Avenue
1	18 CAUSE OF DEATH (Enter o	nly one cause pe	r line far (a), (b), and	dici.		2 21		BETWEEN	IMATE INTERVAL ONSET AND DEATH
1	PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	a	ent	- myo cons	Int In	mem	h	wo
1		DUE TO C	R AS A CONSEQUE	ENCE OF	Ne 1 mm		/		
ı	Conditions, if any, which	((b)_			1				
	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, C	R AS A CONSEQUE	ENCE OF	Artunis	clevsi	lend	LOCA !	Ye.
ı	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT			-	N IN PART 110	o o
ı	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [conf	8 rue	No	earl fo	whene	-		
1	190 DATE OF OPERATION	19b. CON	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	, WERE FINDIN	GS USED OF DEATH?
	I I			- 57		YES NO	YES		NO 🗆
			OF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT I OR PART 2)	
ł	OR CONTRIBUTING CAUSE OF DE	ATR	.M.	19					
	(IF EITHER NOTIFY MEDICAL EXAMINED 216 INJURY OCCURRED		OF INJURY	ADAL STC 1	211 LOCATION	CITY OR	TOWN	COUNTY	STATE
	AT WORK NOT WHILE	TAI NOME 31	KEET, PACTORT OFFICE T	ARM, ETC.)		0	001	a.	
	22a.1 certify that (1) (this hosp saw the deceased alive a	91	2 2 19	k1-,0	nd that in (my) (aur) apinian	, tadeath accurred on the	date and have	9	that (I) (we) last
	above, (1) (we) (did) (d.d.). 22b. SIGNATURE	the bady	ofter death.	-	DEGREE			22c DATE	
	P	Qu	nyn	N	TENDING PHYSICIAN	MEDICAL ST	AFF SICIAN	10	112
1	274 PHYSICIANE NAME I'M	T P	pa no	1	2200 S	rune 6	2 ha		9
	230. BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	NAME OF	EMETERY OR CREMATORY	23d LOCATION	131	COUNTY	STATE
	Burial	10/1	5/85 M	id N	at. Mem. Pa	rk Laur			Md.
	24 FUNERAL DIRECTOR		_ ADDRESS			E REC'D. BY REGISTRA	_ /		mandell.
	vames A. Morto	n & Sbi	ns 1701	Laur	ens St. U	61.15 198	5 gunar	vauluson-	

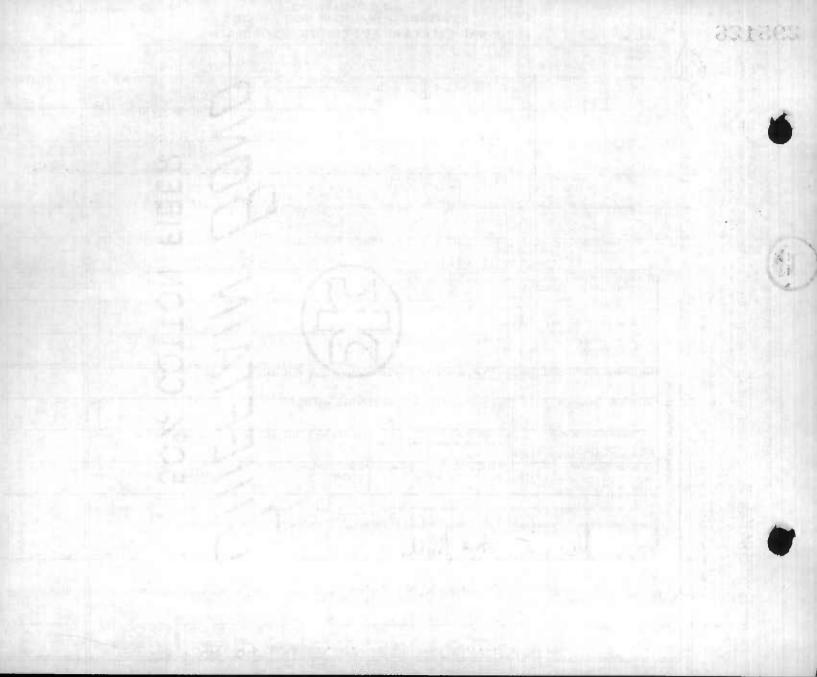
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 295126 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME MONTH (TYPE OR PRINT) OF ESTI--10-16-85₀ BARRY ROTTMAN 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 8/15/48 DEAD White 10-16-8519 7:47P BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY) Maruland U.S.A. WIDOWED DIVORCED Baltimore City
120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME. OR INDUSTRY Letter carrier U.S. Gov. South Baltimore General Hospital 3a. STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Marley 1110 Marley Creek Dr. 21061 Anna Arundel 15 MOTHER'S MAIDEN NAME MIDDLE LAST George Rottman Florence Smith In WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 21061 Vietnaim 217-54-4448 Geraldine Rottman 1110 Marley Creek Dr. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Ruptured aortic arch aneurysm DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGER DEATH, WITH THE SIT BÂLTIMORE, MARYLAND, 2 220 I certify that I tank charge of the remains describ BODYe, DOLLY) Autopsy death resulted fram Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 10-17-85 Assistant EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Meadowridge Cemetery 10/21/85 Dorsey, Maryland Burial 07/84 256 REGISTBAR'S SIGNATURE 24 PURE ALD RECTOR DHMH 17 Standson-Bindale Ambrose Funeral Home, Inc. 1328 Sulphur Sp. Rd. (VR A15 ME (5))



YLAND 21201 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIANDE

DHMH - 16 60M 7/84

(VRA 15, 4)

Chas.A.Rice FSPA 1300 Eutaw Place

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEDTIEIC ATE OF DEATH

	576	REGISTRAR			CENTIL	ICATE OF DEATH	REG. N	D.		
1		CEASED NAME FIRS	T	MIDDLE	-	LAST	20 DATE OF DEATH	MONTH DAY	Y YEAR	2b HOUR
	LIAME									
	3 SEX	SARZ	4 RACE		ROYE	OF BIRTH	OCTOBER 16		UNDER I YEAR	8:55 M
		Female	Black		MONT	2/20/1881 YEAR	103	YRS.	NTHS DAYS	HOURS MIN.
	a BII	RTHPLACE (STATE OF FOREIGH	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY C		FDEATH	
5	-	Md.	USA		WIDOW		Baltimore	Citu		MD.
S	0 CI	ITY OR TOWN OF DEATH	11. NAME OF F	HOSPITAL, NURSIN H FACILITY, GIVE STREET	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND C	OF BUSINESS OR
2	B	AL RESIDENCE (IF NURSING HO	Maryla	nd Genera		spital				
5	13a S	STATE 13b C	OUNTY	Baltimon	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS . 21 N Fr	ZIP CODE emont A	ve. 2	1201
	I4 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE			
	11	Charles	Simms	FWSI		FIRST	MIDDIE	0.	LAS	51
	16a V	WAS DECEASED EVER IN U.S		166 SOCIAL SECU	RITY NO.	Annie 17. INFORMANT	ADDRE	Simms		
	()	YES NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	212-78-96	5/13	Molyrin Wate	Melvin Watts 21 N, Fremont			1201
8		T					LS 21 N, FI	PHONE A		
ч		18 CAUSE OF DEATH (Ent	ter anly one cause per AUSED BY.	line for (a), (b), and	dic				BETWEEN	OMATE INTERVAL
			EDIATE CAUSE (a)	Cardio P	ulmor	nary Arrest			minı	utes
			DUE TO, OF	R AS A CONSEQUE	NCE OF				R	
		Canditions, if any, whic		Sepsis						
		gave rise to immediat	te)	R AS A CONSEQUE	NCE OF					71 7 7
1		underlying cause las	DOL IO, OF	AS A CONSEGUE	INCE OF					
		PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	ONTRIBUTING TO F	EATH BUT	NOT RELATED TO THE TERM	IN ALDISEASE OR CON	DITION CIVEN	LINI DADT 1	
	Z		cobos <u>cc</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PEATH DO	THO THE PERMIT	INVAL DISEASE OR CON	DITION GIVEN	HALMELL	O
-	CERTIFICATION	19a DATE OF OPERATION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WEDE EINDII	NGS LISED
2	FIC	DATE OF CIERATION	110 001101	NOW TON WINCE	OFERATIO	THAS FER ORMED		IN CERTIFYIN	NG CAUSES	S OF DEATH?
~	RT	October 10,		Trochant	eric	Pecubitus	YES NO	YES [NO 🗌
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	TY IN ITEM 18 PART	I OR PART 2)	
П	CAL	(IF EITHER NOTIFY MEDICAL EXA	OF DUMIN		19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE			211 LOCATION	CITY OR TO	14/61	COUNTY	STATE
	Σ	WHILE NOT WHILE] [AI HOME SIR	EET, FACTORY, OFFICE F	ARM, ETC)	SIMEE)	CHIONIO		COOM	SIAIC
			haspital) attended the	e deceased from	Sente	ember 27,19 85	to October	76. 10	85	that il (wa) last
	- 4	saw the deceased aliv	e an Octob	er 16.19	85 .0	nd that in 🎢 (aur) apinian i	death accurred an the de	ate and have a	nd from the	causes stated
9	- 4	obave, (K(we) (did) (d	(Christ) view the body	offer death		DEGREE			22c. DATE	
	-	11			-	ATTENDING	MEDICAL STA	F .	ZZI. DATE	SIGNED
4		10/1/	11/1/		-	- PHYSICIAN	DIRECTOR PHYSIC	IAN	-	
П	1	PHE PHYSICIAN'S NAME ?	MH CHILL		1	22e ADDRESS				
		DALOY	VI MUE			c/o Marulan	nd General H	lospita	1	
		BURIAL, CREMATION, REMO	VAL 23b. DATE	23c N	AME OF	EMETERY OR CREMATORY	23d LOCATION			
		Burial	10/21	/85 Ar	butus	s Mem. Park	Arbutus		Md.	STATE
		UNERAL DIRECTOR	1				E REC'D. BY REGISTRAR			TURE
		has A Rice Fo	SPA 1300 F.	ADDRESS D1 a a		TOT	22 10RE			

2891	56		ilm G608 item 13e,		STAT	E OF MARYLAND	25 7	00007	
/		1	FOR 10/23/85 rja REGISTRAR	DEF		EALTH AND MENTAL HYG	CUSTANI, DE	14. 200-8 35/1	13
/	a		ECEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH MO	ONTH DAY YEAR 26. HOUR	
ge 3	de of	(1)	PE OR PRINT! BETT	Y LOU	RU	BSHAW :	291710	0 9 85 1119	PM
ge 4 mo	rs after a	3. S	F	4 RACE	S. DATE O		6. AGE (INTYEARS LASE BIRTHD.	AY) IF UNDER 1 YPAR IF UNDER 24 HI MONTHS DAYS HOURS MI	HRS AIN.
th. Pog	on 72 how	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana	76 CITIZEN OF WHAT COUP	JTDV2 8	D NEVER MARRIED	Baltimore City OR C	COUNTY OF DEATH	MD.
the fo	led with		altimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE GOODMSama)	URSING HOME (OR OTHER INSTITUTION	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Beautinis	ORKING LIFE) 126 KIND OF BUSINESS (OR
24 filled in E	Mat be fi		JAL RESIDENCE (IF NURSING HOME OF	NTY 136. CITY OF	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	1	P-
ed within	and 2 sh	14.	TATHER'S NAME FIRST WILLIAM	J Rubs	51	15 MOTHER'S MAIDEN NA FIRST Abbie		WILLIS	
e execute	Poges	160	WAS DECEASED EVER IN U.S. AF	(STEAM OR OR DATES)	SECURITY NO.	M. Gertrude	ADDRESS 5722 Comer 5722	Belair Road	
ertificote b	removal.			nly one couse per line for (a), ED BY. TE CAUSE (o)	TEST	INAL	OBSTRUC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	ATH
the death of the offendir	remove carl remation, or her traumation		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON	COL	۵٥.	CARCINO	MA	_
quires thai	hen please to burial, a ijury, or at	Z	PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 110	=
he law recon.	Sony in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED		06. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO	
SICIAN: TI g physici	Mental Hygier Ar them 18 show		2 Ia. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART OR PART 2}	
AG PHYS offer this	os the built ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY (OFFICE, FARM. ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE	E
ATTENDI	d for use t. of Heoli n 21 is ma	1		ottol) ottended the deceosed	19 85,0		death occurred on the dote	ond hour and fram the couses stoted	
ITAL OR AT	÷ 0		22b. SIGNATURE	my Kurl		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAL	NE 10/9/8	5
TO HOSPITAL etoined by the	Pto		1220 PHYSICIAN'S NAME (INPEC	y Kura		% THE		AMARITAN HOS	PITA
BP		230	BURIAL, CREMATION, REMOVAL	10-14-1985		idge Cemetery	23d. LOCATION CITY OF TOWN Howard	Co. Md. STATE	E
	6 60M 7/84	24	Burial FUNERAL DIRECTOR			25a DAT	TE REC'D. BY REGISTRAR 256		
	6 60M 7/84		Leonard J. Ruc	k, Inc. 5305 F	arford l	Rd.	CT 1 4 1985	1. lie Shiridan Day	

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Luculaw Ablie . . . de de l'enternation de la Belein nont

arial 1.-1.-1585 Redownidge Campiter, Hours Co. 14.

Lappace J. Buon, inc. pyc herriord wo.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND FOR - STATE REGISTRAR CERTIFICATE OF DEATH

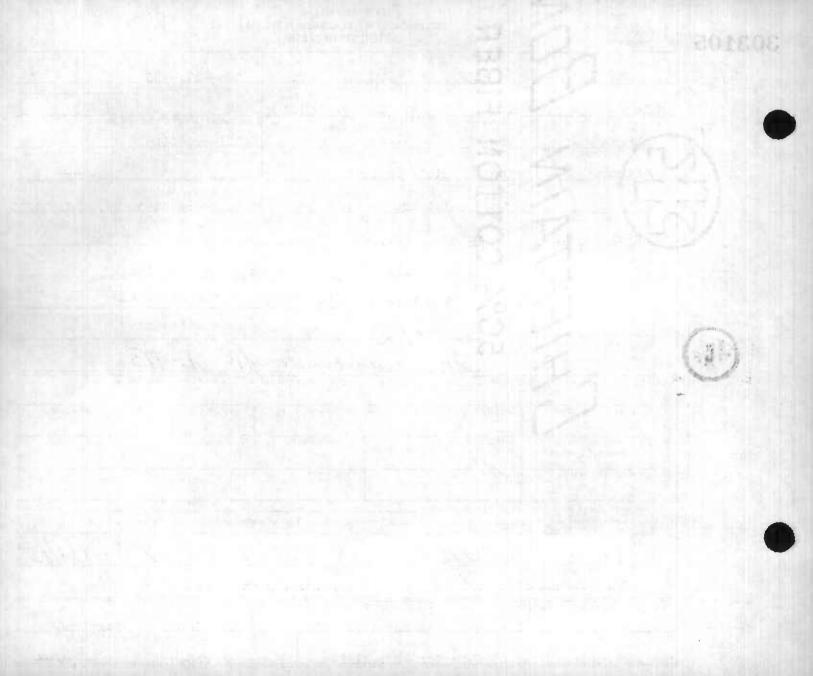
Ruck, Inc 5305 Harford Rd. 21214

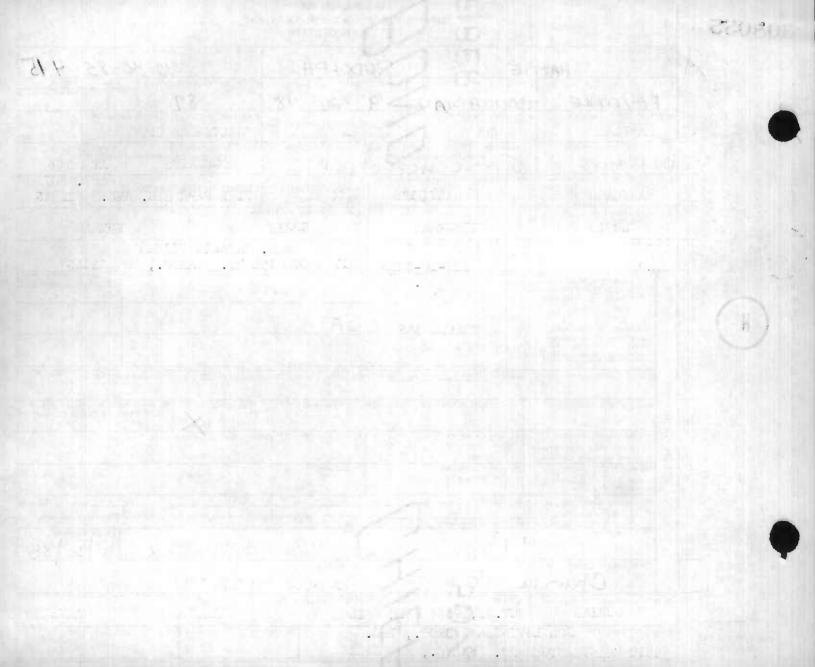
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

								REG. NO).			
1 DECEASED NAME	FIRST	the state of	MIDDLE		LAST		20 DATE OF D	EATH	HTMOM	DAY YEAR	2b. H	OUR
CHAR	LES	W	ALKER	RUC	KER	JR.	10 -	27 -	- 85			M
3 SEX		4 RACE		S. DATE C			6 AGE (IN YEAR			IF UNDER 1 YE		DER 24 HRS
Male		White		nonth 2	DAY	YEAR 21	64		MDC	MONTHS DA	YS HOUR	5 MIN.
70 BIRTHPLACE (S	TATE OF FOREIGN		WHAT COUNTR	Y? 8.			9 BALTIMORE	CITYO	YRS.	Y OF DEATH		
COUNTRY)					D K NEVER							
Alabama	OF DEATH	USA	HOSPITAL, NURS	WIDOWE		NORCED	Baltimo			100 0000	0000000	MD.
TO CITI ON TOWN	OF DEATH		HEACILITY, GIVE STRE		OR OTHER INS	IIIOION	(TYPE OF WORK FO				OF BUSI	INESS OR
Baltimor AUSUAL RESIDENCE			<u> 1emorial</u>		tal		Baker			Ba	kery	
13a. STATE		E OR OTHER INSTITUTION	130 CITY OR TO		13d. INSIDE	CITY LIMITS?	13e STREET AD	DRESS /	ZIP COD	E	- 1-	
Maryland			Baltim	ore	YES	NO 🗌	3015 Re	eese	St B	alto.	Md.	2121
14 FATHER'S NAME		WIDDLE	LAST		15 MOTHER	S MAIDEN NA	ME					
Charles	W.	_	ıcker	Sr.	Jos	FIRST		MIDDLE		Hobas	LAST	
160 WAS DECEASED			166 SOCIAL SE		17. INFORM			ADDRES	SS	Hobso	n	
Yes, NO OR UNKNO	WN) (IF YES	, GIVE WAR OR DATES)	215 14	Faar								
			215-14-		Marga	ret E R	ucker sa	ame a	as 13			
PART L DE	ATH WAS CAL	r anly ane cause per	line (0) (0), (b),	and it				10.1	0	BETWE	OXIMATE IN EN ONSET A	ND DEATH
		DIATE CAUSE (a)	Caro	all re	ani	race	my 1	rue	we			
							1					
			R AS A CONSEO	UENCEOE								
	if any, which		(0.0	1/1)			- 14 14 7 17					
	stoting the	/	R AS-A/CONSEQ	MENCE OF		-	(0)	,		2		
underlying	couse lost.	1002.0.0	512		war	u alon	4/15)	10	11:	5		
DART 2 OTHI	D CICNIEIC AN	NT CONDITIONS CO	DALIZO DI LIZIA DI CARA					-				
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A STO DATE OF C	OPERATION	19h COND	TION FOR WHIC	H OPERATIO	N WAS PEDEC	DRMED	200 AUTOPS	S Y 2	20h IF YE	S, WERE FINI	DINCSTI	
5				or Enviro	TO THE STERNING	JKINED .			IN CERTI	FYING CAUS	ES OF DE	ATH?
E								10	1	S 🗌	NO	
OR COLUMNIA.	WAS UNDERLYING NG CAUSE OF	-	M. MONTH	DAY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTERNATUR	RE OF INJUR	N IN ITEM 18	PART I OR PART 2	2)	
OF EITHER NOT	IFY MEDICAL EXAM	DEATH		19								
OR CONTRIBUTION	CCURRED	21e PLACE			21f LOCATI							1000
WHILE AT WORK	NOT WHILE	(AT HOME STR	EET, FACTORY, OFFICE	E. FARM ETC)	STREE	Ī		CITY OR TOW	VN	COUNTY		STATE
		spital) attended th	a deserved from			19			-	10		
					d that in (my		death accurred a	on the day		19		
obeve, (I)	(we) (did) (did	natyview the body	after death.			(dor) aprillar	deom accorred (in the do	ie ond nat			
226 SIGNATU	Kt	(h/	- 1		DEGREE	ATTENIONIO		07.5	. ,	22c DA	TESIGNE	0/
160	ua	To law	ZALS	1/1	11)	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAF		10	1281	85
22d. PHYSICIA	N'S NAME (TY	E OR PRINT)	1)		22e ADDRE	SS				/	1	
Elma	G. Pan	izales M.	D.		V.A.	M.C. F	ort Howa	ard				
23a BURIAL, CREMA	TION, REMOV	AL 236 DATE	230	NAME OF C	EMETERY OR	CREMATORY	23d LOCATK					
(SPECIFY)		10-30-	.05	ardens	of Ec	+h	CITY OR			COUNTY	2 2	STATE
24 FUNERAL DIRECT	FOR	110-30-	03 14	ardens.	OL FA		TE REC'D. BY REG	ISTRARIZ		Mary RAR'S SIGN		

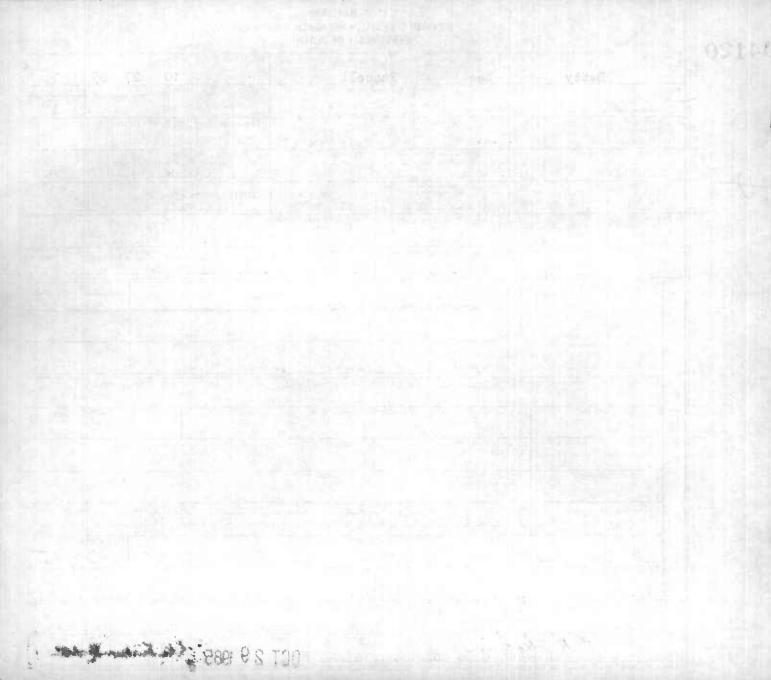
DHMH - 16 60M 7/B4 (VRA 15, 4)

NAME





STATE OF MARYLAND



289014

1	FOR STATE
	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	0	0		(3	10
2	2	0	-	1	-3

1.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO)		111
	DECEASED NAME FIRST	WIDDLE		LAST			DAY YEAR	26 HOUR
(1	YPE OR PRINT) ESTelle	Russel	e		1	0	1185	2 say M
3 5	SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT		IF UNDER LYEAR	IF UNDER 24 HRS
	Emale	Black	MONTH O		98	YRS.	MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8,	- C MENER HARRIES C	9 BALTIMORE CITY OF		OF DEATH	
7	s. Carolana	USA	WIDOWE	D NEVER MARRIED DIVORCED D	Ba	1+.	City	MD
10	Baltingy	11. NAME OF HOSPITAL, NURS		1 1	124 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF RETIPED		12b. KIND O INDUSTRY	F BUSINESS OR
	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COU			13d. INSIDE CITY HMITS? YES NO	13e.STREET ADDRESS /	ZIP CODE	cordere	Aug 21219
14.	FATHER'S NAME FIRST Sam Deceas.	MIDDLE Lindsey		LUCKICA		ndse	J LAS	T
160		RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE			
	no	097-1	4 355	Ola Mae Ri	lvers 3128	Hav	erford	Ave.
NO		DUE TO, OR AS A CONSECT OF THE TOTAL OF THE	DUENCE OF	NOT RELATED TO THE TERM	iinal disease or cont	OITION GIV	'EN IN PART 1:0)
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
		HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ILEM 18 F	PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E FARM ETC)	211 LOCATION STREET	CITY OF TOV	vN /	COUNTY	STATE
	saw the deceased alive a	oital) ottended the deceased fram n	C	nd that in (my) (our) opinion	deoth occurred on the do	1		that (I) (we) last causes stated
	226. SIGNATURE	LSD, up		DEGREE ATTENDING PHYSICIAN [MEDICAL STAF		22c DATE)11/85
	Robert	J. 5-1	el, up	Since	Hometol			
	BURIAL, CREMATION, REMOVAL BUTT al			EMETERY OF CREMATORY Ridge Hill (23d LOCATION Cem Balto,	В.	C. Md.	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion studies be about the decidence of the signal physicion with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remandi. IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other troumotic event, the incorrections and the signal physician or several, the international creward, the international creward, the international creward, the international creward, the international creward in the international creward.

ottending physician

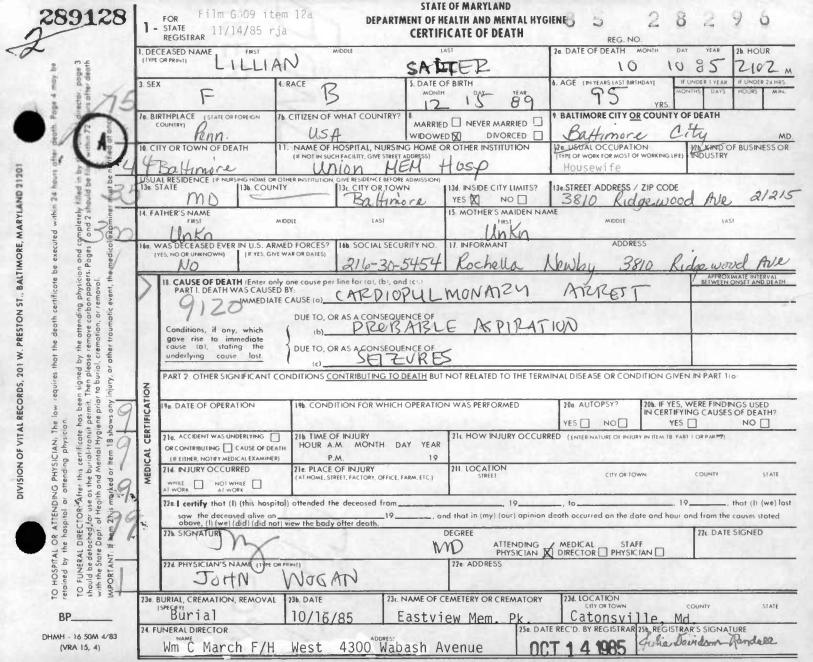
24 FUNERAL DIRECTOR
Chas. A. Rice FSPA 1300 Eutaw Pl,

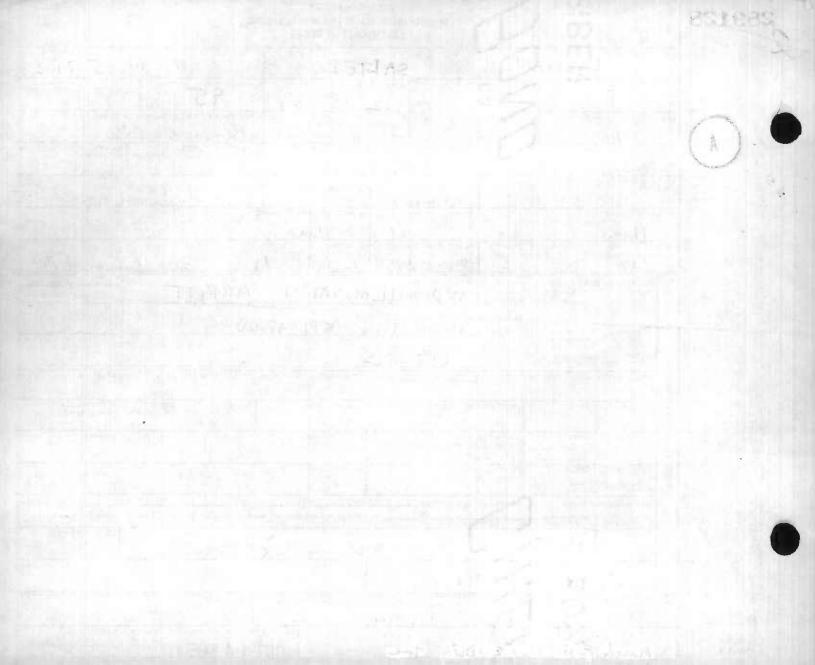
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

CT 1 4 1985

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Film G609 item 12a FOR 11/14/85 rja

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CENTILITE OF		REG. NO.	
I DECEASED NAME FIRST	WIDDIE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
VIVIAN		SALTER		10	11 85 36
3 SEX	4 RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Feamle	Black	8 17 D	41	44 yr:	MONTHS DAYS HOURS MIN
THE MIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8		9. BALTIMORE CITY OR COUN	
Md.	USA	MARRIED NEV	DIVORCED [Baltimore Ci	
Balto.	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 2813 Waldolf Aver	T ADDRESS)	INSTITUTION	120. USUAT OCCUPATION (USE OF WORK FOR MOST OF WORKING Unemployed	SLIFE) INDUSTRY
AUSUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COU		VN 13d INSI	DE CITY LIMITS?	136 STREET ADDRESS / ZIP CO 2813 Waldolf Av	
Nathan	Dorsey		Pauline	MIDDLE	Ison
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATEST			ADDRESS	
1/10	219-38-50	125 Dan	iel Salter	2813 Waldolf Av	
PART I. DEATH WAS CAUS	only one couse per line for rough, of SED BY: ATE CAUSE (a)	Petaeral	ory last	leve	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	Thelatta JENCE OF	LL TOTHE TERMI	H CANR	GIVEN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PE	RFORMED	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH?	
	CAIR	DAY YEAR	W INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)
THE STATE OF THE S	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY OFFICE	211 LOC	ATION TREET	CITY OR TOWN	COUNTY STATE
220 L certify that (I) (the box sow the deceased alive a	in 10/3 19	ort '	(my) (o) apinion d	, to, to	. 19
22b. SIGNATURE	(urles)	DEGREE M. P.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	18/14/85
22d PHYSICIAN'S NAME (TYPE	RLTEIL	22e ADE	1940 S	ENIRU RVQ	
230 BURIAL, CREMATION, REMOVA	L 236. DATE 23c	NAME OF CEMETERY	OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
Burial	10/15/85	King Mem. Pk.		Baltimore Co	
24 FUNERAL DIRECTOR Wm C^March F/H West			250 DATE	T 4 4 1985	STRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

287136	r.	TTEM NUMBER 1 FOR STATE 10-15-85 REGISTRAR	3e, PER. PH.C D.W.	EPARTM T OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENEO O	28293
oy be established		CEASED NAME PRIST	HA 4. RACE		DERS		ONTH DAY YEAR 26 HOUR 7 PM
oge 4 m		Female	Black	5. DATE O	03 98	87	MONTHS DAYS HOURS MIN.
deoth. P	1	N d	76 CITIZEN OF WHAT COL	MARRIED WIDOWEI			nore City MD.
by the filed with	1	AL RESIDENCE (IF NURSING HOME OR	withern	EVE STRUET (DDRESS)	of md	TYPE OF WORK FOR MOST OF W	12b, KIND OF BUSINESS OR INDUSTRY
35	1300	THER'S NAME	ITY 136 CITY	DR TOWN	13d. INSIDE CITY LIMITS? YES NO 1		IP CODE
10000			Thompson	AL SECURITY ALC	Lettie Normant	MIDDLE	hompson
2	1/		E WAR OR DATES)	- 05 - 9445		1	lendale St. 21229
ST. BA	13	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) (MMEDIAT	D BY:), (b), and (c).)		• •	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on w. PRESTON that the death c teas remove confidence of		Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last	DUE TO, OR AS A CO	NSEQUENCE OF	- obstrud		
RECORDS, 2 low require somet. Their permit to but	FICATION	Pull 190 DATE OF OPERATION	196 CONDITION FOR	Renal	failure	20a AUTOPSY? 2	10b. IF YES, WERE FINDINGS USED
VITAL VITAL	AL CERTIFIC	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MON		21c. HOW INJURY OCCUR	YES NO	N CERTIFYING CAUSES OF DEATH? YES NO NOTEM 18 PART 1 OR PART 2)
NG PHYSICIA offending all the the certal as the bosolin th and Mental	MEDICA	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET FACTORY		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDE riphtel or CTOR, At I far out a 1 of Health		22a. certify that (1) (this haspit saw the deceased alive on abave, (1) (we) (did) (did not	1011	19 <u>\$5</u> , an		death accurred an the date	and hour and fram the causes stated
TALOR. Ty the horacle deforther hore Dept		22b. SIGNATURE BULL TOU	ong		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED 10/1/85
TO HOSPILE retoined to TO FUNE should be with the Sign		BACH T	DWONG			W HUSPIT	AL
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 10/7/85		us Mem. Park	Arbutus	COUNTY MD . STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR Chas.A.Rice FSF	PA 1300 Eutê	DDRESS Place.	25a DAT	CT 9 1985	Julia Davidson Tulbandase

FOR	
FUR	
STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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OCT 1 5 1985 Julia Triday Pandore

20000		,	FOR		DEPA		E OF MARYLAND EALTH AND MENTAL HY	GIENE S S 2	8 2 9 9
390000	0		STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	
			CEASED NAME ERST	Paul	MIDDLE		AST Schall, Jr		DAY YEAR 26 HOUR
by be		(TYP)	OR RRINT)	ul		S	Lall Jr	10	12 85 1230 p
bod bod		3. SE	X	4 RACE		S. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
to.	13.2		Male	White	9	MONT		0.0	MONTHS DAYS HOURS MIN.
Poge		In B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT		11 14, 1899	9 BALTIMORE CITY OR COUN	
oth. I	2		COUNTRY)			MARRIE	DEVER MARRIED	Access to the second	
	1	10 0	Maryland ITY OR TOWN OF DEATH		S.A.	WIDOWI	DR OTHER INSTITUTION	Baltimore City	126 KIND OF BUSINESS OR
s offer by the iled wi	30	18 C	Baltimore		h'Medic			Retired Sales	
hour d	st be	USU 13a	AL RESIDENCE (IF NURSING HOME) TATE 13b. CC		GIVE RESIDENCE BE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DE
fille ould	25	I	laryland 13b. co		Baltin		YES NO	4335 Shamrock	
tely 2 sh	ane a	14 F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA		
21	990	,	Paul		Schall S	3r	Julia	WIDDLE	2 LAST
(.)	10	16a \	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SI		17 INFORMANT	ADDRESS	
6 12	21	1	YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES	216-10	-5446	Stella H Sc	hall 1900 Westc	hester Ave
	1		18 CAUSE OF DEATH (Enter				DECITA M DC	naii iyoo wesee.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the state of	1		PART I. DEATH WAS CAL	JSED BY:		ic as	rest		10 nuins
10 10 10 10	2		IMMED	NATE CAUSE (a)			, 00,		10111113
4 980	9	13			RAS A CONSE		11		
and the state of t	9101	10	Conditions, if any, which gove rise to immediate		sovere	3 1130	V 2	70.74	
5 625	d d		couse (a), stating the underlying cause last	DUE TO, O	R AS A CONSE	OUENCE OF			
d della	0 10			(c)					
all of the other	4	z	PART 2 OTHER SIGNIFICAN	NI CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	SIVEN IN PART 11a
1 1 1	£	ERTIFICATION	190 DATE OF OPERATION	TIBL COND	ITION FOR WH	ICH ODED ATIO	N WAS PERFORMED	20g AUTOPSY? 20b IF	YES, WERE FINDINGS USED
0 000	: 7	FIC/	DATE OF OPERATION	140 COND	II IOIN FOR WIT	ICH OPERATIO	IN WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH?
18 118	300	RT	DI ACCIDENTINACIONE DI VINC	- N. YIVE C	C MILIDY		In now house occur	YES NO	YES NO
A to the state of	E/3	0	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			DAY YEAR	THE HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	8 RARI I ORRARI 2)
20 101	17	CA	(IE EITHER NOTIEY MEDICAL EXAM	INER) P.	M.	19	1 2 2 2 2 2 2		
de to de	6.1	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET FACTORY, OFFI	ICE, FARM ETC)	211 LOCATION	CITY OR TOWN	COUNTY
京日 またら	4	1	AT WORK AT WORK						PORT IN THE
NDS A S	1		22a 1 certify that (1) (this ha	aspital) attended th	e deceased fra	m Octor	XX 4 19 85	5 to October 6	2. 19.65 , that (1) (we) last
변경 음호형	5	Е.	saw the deceased alive abave, (I) (we) (did) (did	not) view the bady	after death.	9 20.0	nd that in (my) (aur) opinian	deoth occurred an the date and h	naur and from the causes stoted
英言 期置於	1		226 SIGNATURE	101-		/	DEGREE		22c. DATE SIGNED
Al D	= -	3	svanda 1	Clesse	MOX	0	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-14-85
SPIT, SPIT,	Z		22d. PHYSICIAN'S NAME VY	0			22e ADDRESS		,
TO HOSPITAL retoined by t TO FUNERAL should be def with the State	POR		Wanda J.	Clemm	ons		611 South	J CHANLES S	st.
Sho Sho	3	23a	BURIAL, CREMATION, REMOV			3c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
BP			(SRECIFY)					CITY OR TOWN	COUNTY
		24 F	Burial UNERAL DIRECTOR	10/16	/03	Western	25a. DA	Baltimore M TE REC'D. BY REGISTRAR 256. REG	aruland ISTRARS SIGNATURE
DHMH - 16 60M (VRA 15, 4)			Leonard J Ruc	k Inc. R	ADDRES	SS Marin	Committee of the Commit		
(VRM 13, 4)	,			Line Do	T CTIIIOT (-, mary	Lanu	CT 1 5 1005 Julia	January Chandage

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH I DECEASED NAME MONTH YEAR (TYPE OR PRINT) HENRY SCHARFF 4. RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3 SEX 18 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED USA WIDOWED Baltimore City DIVORCED 10 CLTY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 176. KIND OF BUSINESS OR (Type of work for most of working life) INDUSTRY Machine Operator Carr-Lower Glas Sinai Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Carroll 13 CITY OR JOWN 13e.STREET ADDRESS / ZIP CODE Maryland Finksburg 514 Dellview Dr. 21048 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST W. Scharff. Gladus Lamb Henry 17 INFORMANT Mr. William ODDRESCharff 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 514 Dellview Drive Finksburg, MD. 21048 220-01-1649 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COROLLA C respiratory arrest DUE TO OR AS A CONSEQUENCE OF lang Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. cardievascular PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [710 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d INJURY OCCURRED 71e PLACE OF INJURY COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220 L certify that (1) (this haspital) attended the deceased from_ saw the deceased alive on_ and that in (my) (aur) apinian death occurred an the date and hour and Irom the causes stated above, (1) (we) (did) (did nat) view the bady after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING ma 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Sinou Hospital, Baltimus mit M. KATES 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Lake View Mem. Park 10/7/85 Sykesville Carroll 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 8728 Liberty Road Randalls town, MD. 21133 Julia Davidson- Handalle (VRA 15, 4)

MARYLAND 2120	(
BALTIMORE, N	
PRESTON ST., BAL	
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SION OF VITAL RECORDS,	
ITA	
JF V	
N	
DIVISIO	
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04084	1.	FOR STATE REGISTRAR		ARTMENT OF H CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	301
noy be boge 3	(TYPE		ARTHA CECELIA	SCHEMM		OCTOBER 23,19	25. HOUR 3: 00 P
meter po	Ø. SE	Female	4. RACE White	5 DATE C	5. 15°,1917°	6. AGE (IN YEARS LAST BIRTHDAY) M YRS.	IF UNDER 1 YEAR IF UNDER 24 MRS
A STATE OF S		RTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUN USA	MARRIEL WIDOWE	DINEVER MARRIED DIVORCED	Baltimore City Baltimore City	
of the second	10. CI	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Long Green			120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE Beautician	12b. KIND OF BUSINESS OR INDUSTRY
1000	USU.	AL RESIDENCE (IF NURSING FOME OR TATE 136 COUNTY Bal	TY 13c. CITY OR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 258 Rodgers F	21212 orge Rd. Apt.
130	M FA	THER'S NAME Harry am Danby	MIDDLE (AS	ī	15. MOTHER'S MAIDEN NA/	ME MIDDLE	LAST
e un die	16a. V	VAS DECEASED EVER IN U.S. AR VES NOOR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL E WAR OR DATES) 2/3-0	SECURITY NO 1/- 7891	Susan E. Sch	nemm Same	
equires that the death certification is a particular of the contending phase remove corbang to burial, cremation, or remainly, or other traumatic even	NOI	18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (C. M.)	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF	AUEURYS	INAL DISEASE OR CONDITION GIVE	EN IN PART I I O
The low right.	RTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION		YES NO NO YES	
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DHMH - 16 50M 4/83		NAME		AD	DDRESS			018	1985	_ J (ag) /par	The Property of	mandelle
(VRA 15, 4)		6010 REISTI	ERSTOWN	RD. BAJ	LTO.,	MD 2121	5	The same				

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

295039 1 - STATE REGISTRAR	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2 2 5 C C REGISTRAR CERTIFICATE OF DEATH REG. NO.					
I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR		
Margaret	t E.	Schiminger	10-16-85	D:45 PM		
3. SEX	4 RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS		
Female	White	6-18-1919 YEAR	66 YRS			
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIED NEVER MARRIED WIDOWED NO DIVORCED	Balto. City			
10. CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION	MD. 12b KIND OF BUSINESS OR INDUSTRY		
Balto.	2213 Lake Ave		Administrator			
SUAL RESIDENCE (IF NURSING HOME O 136 STATE 136 COU Md.	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c CITY OR TOW Balto.		13e STREET ADDRESS / ZIP CODE 2213 Lake Ave. 23	1213		
IN FATHER'S NAME FIRST Louis	Wiktor Viktor	15 MOTHER'S MAIDEN NA Lillian	ME MIDDLE Supi	LAST		
160 WAS DECEASED EVER IN U.S. AI			ADDRESS	LK		
	213-01-1		Schiminger, Same as			
	nly one couse per live for (0), (b), and ED BY: (TE CAUSE (0)	tic CACINIMA	g Colon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
noding corporation of the corpor	DUE TO, OR AS A CONSEQUE					
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	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	IN PART 1:0		
CERTIFICATION Section 1 Section 1 Section 1 Section 2 Section 2 Section 3 Section 3 Section 3 Section 4 Section 4 Section 4 Section 6 Section 6 Section 7 Section	19b CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WIN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH? NO []		
THE		AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)		
THE FITHER NOT WHILE IN THE WORK IN A TWORK IN AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F.	2H LOCATION STREET	CITY OR TOWN	COUNTY STATE		
sow the deceased alive or	ntal) attended the deceased from	ond that in (my) is apinion	, to 10-16 . 199 death accurred an the date and hour or	that (I) (we) lost and from the causes stated		
The population of the populati	Knialevel		MEDICAL STAFF DIRECTOR PHYSICIAN	274. DATE SIGNED		
Marion C.	Kowalewski	8604 Harford	l Rd.			
BP		NAME OF CEMETERY OR CREMATORY Holy Redeemer	23d LOCATION CITYORTOWN Balto., Md.	OUNTY STATE		
24 FUNERAL DIRECTOR	, Inc.,5305 Harf	25a. DAT	E REC'D. BY REGISTRAR 256. REGISTRAL	R'S SIGNATURE		

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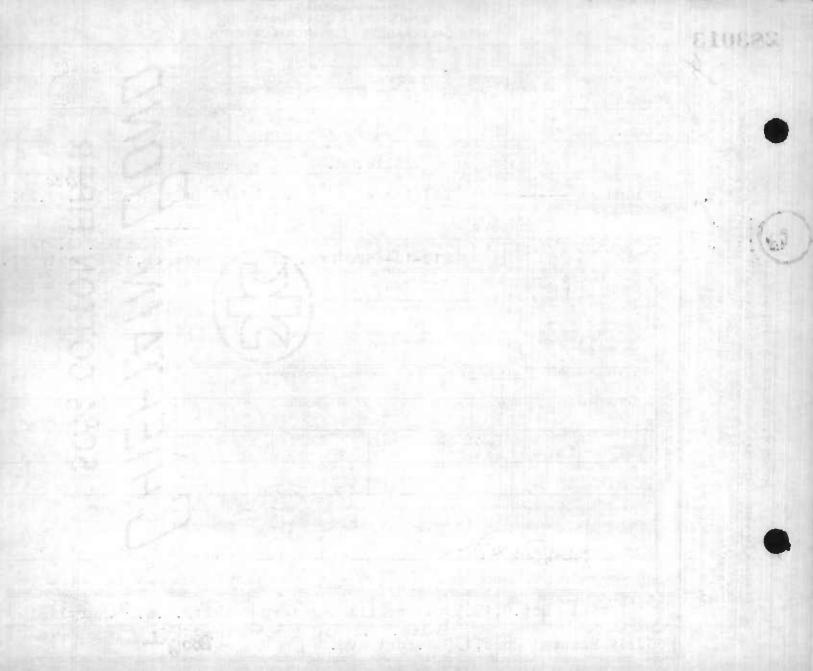
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DHMH - 16 60M 7/8 (VRA 15, 4)

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lile 5	AL RESIDENCE (IF ITATE Md •	UL COUN	Lobaum AYT	GIDSON I	V .	YES 🗌	NO [13e STREET ADD	RESS / ZIP C	ODE		21056	
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	VAS DECEASED E		MED FORCES?	166 SOCIAL SECUI		17 INFORM					st Kir		
	No	1	0.0.0.00	161-03-1	937	Willi	am R. S	chinnere	r Ch	evy	Chase	, Md.	
	18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Respiratory Failure										MATE INTERVA- ONSET AND DE	ATH	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) Chronic Obstructive Pulmonary Disease (b) Chronic Obstructive Pulmonary Disease (c) Pneumonia							Years Month					
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN Cirrhosis, Carcinoma of Intestine, Asutes ulcers								IN PART 110	1			
TIFICATION	190 DATE OF OPE		CH OPERATION WAS PERFORMED 200, AUTOPSY? 200, IF YES IN CERTIF			F YES, VERTIFYIN	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO						
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MEDIC	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 21l. LOCATION (STREET) CITY OR TOWN COUNTY									STAT	E		
	220-1 certify that (I) (this haspital) attended the deceased from Sept. 29 1985, to Oct. 18 1985, that (I) (we) las saw the deceased alive on obave, (I) (we) (did) (did nat) view the body after death.												
	22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR								(Oct.	18,]	198	
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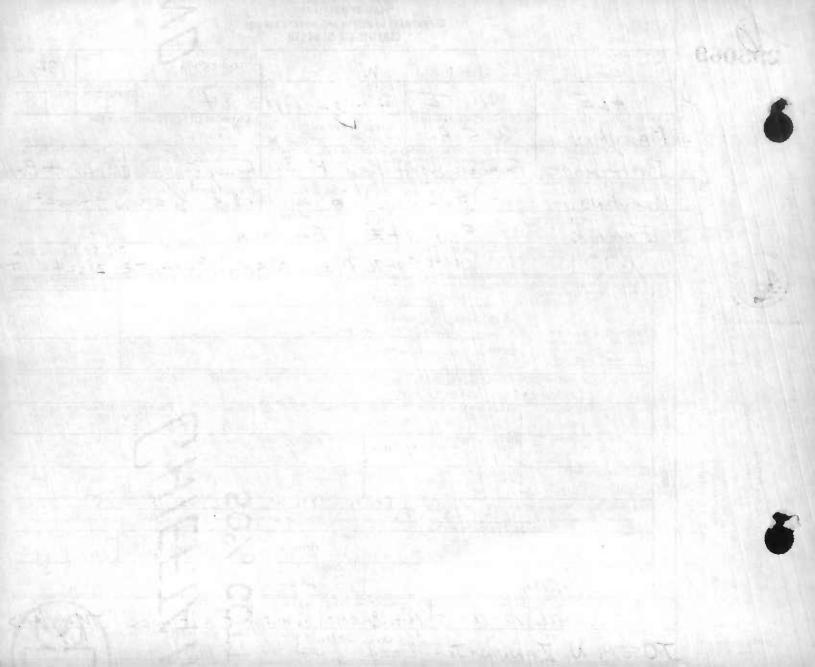
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	SE TENT	18	EXAMINER'S NAME	Ann I	M. Dixon,	M.D.				111 Pe	nn St.	. Bal	to. M	D 21	1201	
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be 3 eoth	TIANE	CHARLES	F.	SCH	NEIDER		12 01	85 0	125 M
mo)	3 SEX	(4 RACE		E OF BIRTH	6. AGE IN YEARS LAST BIR		DERTYEAR IF UN	NDER 24 HRS
ge 4	r	1ALE	WHITE	3	Z4 OO	8	S YRS.	S SAIS INCO	, M. W.
Po 14. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT C	MARE	RIED NEVER MARRIED WED DIVORCED	BALTIMORE CITY OF	_	DEATH	MD.
	100	TY OR TOWN OF DEATH	11. NAME OF HOSPITA		E OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Maint. Open	OF WORKING LIFE) IT	26. KIND OF BUS NOUSTRY Dupont	SINESS OR
ND 212	13a. S	AL RESIDENCE LIF NURSING HOME OR	NTY 13 CIT	DENCE BEFORE ADMISSION	N) 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	LE er	> 21225
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MORE.		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	CIAL SECURITY NO		OTHY ADDR			de prop
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN: The low requires that the death of otherding physicion. There this certificate has been signed by the attending os the buriol-transit permit. Then please remove cort than Amental Hygiene prior to buriol, cremation, or orked or them 18 shows any injury, or other troumatre.	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (perteus	CONSEQUENCE OF	TO SUT NOT RELATED TO THE TER	20a AUTOPSY	20b. IF YES, WE	ERE FINDINGS (G CAUSES OF D	EATH?
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by the hos ERAL DIREC se detached State Dept.		P.Z.B. SIGNATURE	2	-		MEDICAL STA		10 21	85
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BP		BURIAL, CREMATION, REMOVAL SPECIFY Burial	10/24/85		rcemetery or crematory ridge Mem Pk	Balto	Н	oward	STATE Md
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FI	eorge J. Gonce	4001 Ritch	nie Hgwy	Balto Md 250. D	CT 22 1985	25b REGISTRAR		de22

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6				STATE OF MARYLAND		0071	7
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10	-	STATE REGISTRAR	7	CERTIFICATE OF DEA	ATH OFFI	NO	
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23000		OR PRINTS / I					132
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moy b	3-SE		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST		
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tely 2 sh	14. FA	THER'S NAME Frances	SCO.	15. MOTHER'S MA			
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the the		A CAUSE OF DEATH (Enter of	only ane couse per line for (a), (b),	and (ce)		APPRO	DXMATE INTERVAL N ONSET AND DEATH
a do o de		PART I DEATH WAS CAUS	SED BY: Open	C 1			TONGET AND GUART
e e e	1 9	IMMEDIA	ATE CAUSE (a) Nes	tailure			
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		Conditions, if any, which	(16) lune	cancer			
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W.		underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF			
201 red b pleas prial.			(c)				
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RECORDS,	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORM	ED 200 AUTOPSY?	206. IF YES, WERE FIND	
ws ws	E				YES NO NO	IN CERTIFYING CAUSE	NO [
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IN I	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFEKI	211. LOCATION	CITY OR	TOWN COUNTY	STATE
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DO OF SE		the deceased alive o	11/4/1		ir) opinion death accurred an the	date and hour and from th	
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OR A DIRECTORY		22h SIGNATURE		DEGREE			TE SIGNED
the Dord		(PW) 0		M/O AITE	ENDING MEDICAL ST	AFF	115/80
HOSPITAL ined by th FUNERAL build be deformed by the store of the stor		714 PHYSICIAN'S NAME 1076	OR FERRI	228. ADDRESS			10/10
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TO HOSI		P, 18	- 1				
5 5 5 8		SURIAL, CREMATION, REMOVA	L 23b. DATE 23	NAME OF CEMETERY OR CRE	MATORY 23d. LOCATION	COUNT	1 5149
BP		SPECIEY) BURIAL	10-18-857	4+ CARMEL	CHETCH BATT	-INDRE, T	MARVIAND
	24 FI	JNERAL DIRECTOR	,	1716. 101	250. DATE REC'D. BY REGISTRA	R 256. REGISTRAR'S SIGNA	TURE
DHMH - 16 50M 4/82	7	72000	ADDRESS	63 S. CONKING	DOT 1 7 MOE	Gulia Davidson	C. /
(VRA 15, 4)	1	WEAR NIL	ANNINOJE	21224 51	L 001 x 1 1800	THE WAS INSTITUTED TO	Maria



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	*	FOR STATE REGISTRAR
1 D	ÉC	FASED NAME

TYPE OR PRINT

3. SEX

130 STATE

CERTIFICATE OF DEATH

SCHWANEBECK

5 DATE OF BIRTH

REG. NO 20. DATE OF DEATH MONTH OCTOBER

	HOL		
1	:1	5A	1

MALE TO BIRTHPLACE (STATE OR FOREIGN MARYLAND

WILLIAM

4 RACE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY.

WHITE Th CITIZEN OF WHAT COUNTRY

DONALD

MARCH 1913 MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY

MIDDLE

INDUSTRY

EDUCATION

MARI

IF UNDER I YEAR IF UNDER 24 HRS

 ${ t BALTIMORE}$

GOOD SAMARITAN HOSPITAL

PRINCIPAL

13e STREET ADDRESS / ZIP CODE 1871 EDGEWOOD ROAD

MARYLAND BALTIMORE

SCHWANEBECK

21234

15. MOTHER'S MAIDEN NAME ESTELLA

DIVORCED

WHITMRY

FRED

166 SOCIAL SECURITY NO 212-20-7086 MARGARET

VENTRICULAR FIBRILLATION

SCHWANEBECKBALTIMORE. MD

IMMEDIATE CAUSE (0). Conditions, if any, which gave rise to immediate couse (o), stoting the

underlying couse lost.

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

NO SCLERATE DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

CERTIFICATION 190 DATE OF OPERATION

216. TIME OF INJURY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART) OR PART 21

(aux) opinion death occurred on the date and hour and from the causes stated

20a AUTOPSY2

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

211 LOCATION

22e ADDRESS

VALLEY MEM

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

229 I certify that (1) (this haspital) attended the deceased from NOV sow the deceased alive on LUNE 27 obove, (1) (we) (did not) view the body ofter death 226. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

STATE

SAMUEL I. O'MANSKY, M.D.

661-2222 8405 LOCH RAVEN

BURIAL

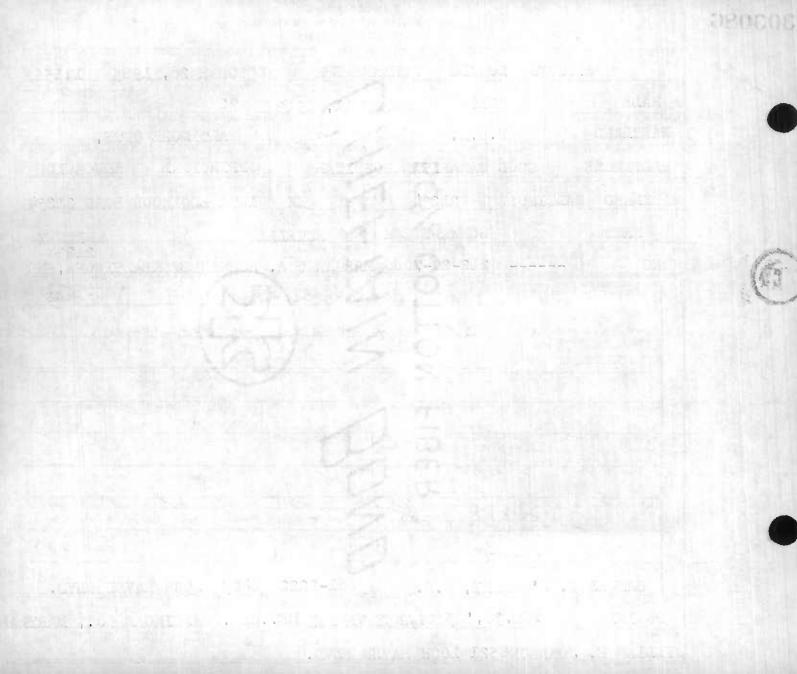
STATE MARYLAN

24 FUNERAL DIRECTOR

WILLIAM E. JOHNSON8521 LOCH RAVEN

DHMH - 16 60M 7/84 (VRA 15, 4)

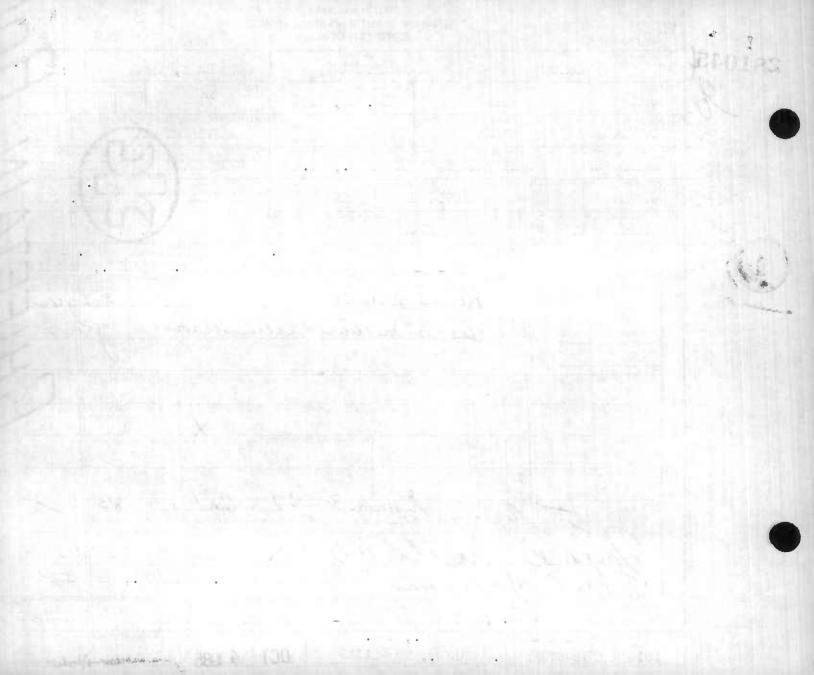
FUNERAL I



FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
	PECEASED NAME FIRST MORTON	MIDDLE	SCHWARTZMAN	OCTOBER 1, 1		7:25 F
3	MALE	4 RACE WHITE	S. DATE OF BIRTH AUG. 29°, 1908	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
35	BIRTHPLACE (STATE OR FOREIGN MARYLAND	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED A NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COU BALT IMORE	INTY OF DEATH	MD.
0	BALTIMORE	30T1 FALLSTAFF	AMANOR CT., APT.E	120 USUAL OCCUPATION (TYPE PROPRIETOR)	INDUSTRES	S SHOP
5	MARY LAND 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	YES NO [133WH FALLSTAF	APT. F MANOR C	T. 21209
20	RABBI HYMAN	SCHWARTZN		MIDDLE	OCHET LAST	
1 160	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GP NO	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES! 214-01.		• MARY SCHWARTZ AFF MANOR CT.	BALTO.,	MD 2120
	PART I. DEATH WAS CAUSE	nly one cause per line (5) (a), (b), on ED BY: TE CAUSE (a)	Juleire.			AATE INTERVAL NSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)		lui Scluore	y ye	as.
Carron Injury			DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? / 20b. I	F YES, WERE FINDIN ERTIFYING CAUSES	GS USED
9	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	YES NOW	YES	NO 🗍
WEDIC	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	21f LOCATION	CITY OR TOWN	COUNTY	STATE
61 100	saw the deceased glive an abaye, (I) (we) (did) (did no	nal) attended the deceased from	ond that in (my) port apinion	deoth occurred on the date and	have and from the c	
	22b. SIGNATURE	C. Phales		MEDICAL STAFF DIRECTOR PHYSICIAN	10/2	
	JOSEPH C	MATCHA		OURT RD. BAI	LTO., MD	21208
231	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	OCT.3,1985 MI	NAME OF CEMETERY OR CREMATORY KRO KODESH-BETH IS	RAEL BALTIMORI	E	MARYTAN
7/84	NAME	LEVINSON & BROS OWN RD. BALTO.,		TE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATU	



1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

2001

- lie Spiritano Marchalle

CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) MARY HOWARD SCHWEIKERT OCTOBER 7, 1985 2:21 M 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR IF UNDER 24 HRS. MONTH YEAR TIHW . BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED BALTIMORE CITY AROLIDA WIDOWED DIVORCED | 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR HE NOT IN SLICH FACILITY GIVE STREET ADDRESSS BALTIMORE LYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY THE JOHNS HOPKINS HOSPITAL JOHA'S HOPKINS SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

JO. STATE

136. CITY OR TOWN 00000 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST SLROC ADDRESS 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. LIF YES GIVE WAR OR DATES) 218305 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line to 101, (b), and ic. PART I. DEATH WAS CAUSED BY. LESPERATORN ANDIAL Ann IMMEDIATE CAUSE (O) DUE TO, OR AS ACQUISEOUENCE OF IN FARCTIS Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS ACONSEQUENCE OF terris DISEANE underlying couse lost. money moon PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? -REAL (-MMuuan NO 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY V DE LOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC. NOT WELL The certify that ill (this hospital) artigored the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (I) westaid) idid not? DEGREE 77r. DATE SIGNED ATTENDING MEDICAL 0 PHYSICIAN DIRECTOR PHYSICIAND 22e ADDRESS600 224 NHYSICIAN'S NAME TTYPE O BALTO. MD. 21205 ELEU! 13071 12V EFFREN 1 MHO 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION lorsh Ano 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE

KOGO

ISMORISS HARFURD

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE O	FMARYLAND
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die	U	(Cal		

1	1.	STATE	DEPARTM		IEALTH AND MENTAL HYG	SIENEO ~	
	,	REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE		TAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1		Bernse	Se	abo	CH	OC20 BE US	D11985 3 PM
1	3 SEX		1/10/0		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
-		Male	Black "		H DAY YEAR	70 YRS	MONTHS DAYS HOURS MIN.
J		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.		9 BALTIMORE CITY OR COUNT	Y OF DEATH
51	34	Holk to Va	America	WIDOW	D NEVER MARRIED DIVORCED	BOLTO H	de Cita MD.
	10 CI	TO OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	S HOME		12a USUAL OCCUPATION	126 KINDO III INESS OR
7		ibotto	(IE NOT IN SUCH EACHLITY, GIVE STREET A	DDRESS)	Hran Home	Retired	FE) INDUSTRY
			OTHER INSTITUTION, GIVE RESIDENCE BEFORE		7		
61	130 5	TATE 136 COUN	13 CITY OR TOWN		13d. INSIDE CHY LIMITS?	130.STREET ADDRESS / ZIP COD	
4	14 FA	THER'S NAME	04/10		15 MOTHER'S MAIDEN NA		1011 24- 212
-		To hand 1	MIDDLE SOA LAST		EJRS1	WIDDLE	HillAST
-	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUE	ITY NO.	17 INFORMANT	ADDRESS	1 1 1 1 1
1	()		E WAR OR DATES) 231-095	3 416	E. TVNIE	Sollitati	la .
1		/E.S			T. slirta	Sindifficial A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and D BY: E CAUSE (a). Ph P UMB				
1		IMMEDIAT	agy				
	4						
		Conditions, if any, which gove rise to immediate	(16) Immobi	110			
		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF	0		
					scular ac		
	N	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	VIN AL DISEASE OR CONDITION GIV	VEN IN PART I I a
	MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
7	IFIC					IN CERTIFYING CAUSES OF DEATH? YES NO NO NO	
0	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	
7	AL C	OR CONTRIBUTING CAUSE OF DEA					
	DIC	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	211 LOCATION		
	ME	WHILE NOT WHILE	(AT HOME STREET FACTORY DESICE, EA	RM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
Н		220 Leartify that (II (this base)	tal) attended the deceased from	itale	19.85	100ctober 20	19.55 , that () (we) lost
		sow the deceased alive on.	October 200 19 8	-		death occurred on the date and had	. mor (in (we ploss
		abave, (1) (we) (did) (did no:	t) view the body ofter death.		DEGREE		22c DATE SIGNED
		+1/ bolls	. Mo		ATTENDING	MEDICAL STAFF	1- b- be
		22d. PHYSICIAN'S NAME (TYPE O			PHYSICIAN [DIRECTOR PHYSICIAN S	10000
		Holon We	olker us		Moran Ho	Mital 301	SHE OPI
-	23a B	SURIAL, CREMATION, REMOVAL		AME OF C	EMETERY OR CREMATORY	123d LOCATION	ar rauf 10
		SPECIFY)	1 1	Nes	Cionia 1	CITY OF TOWN	COUNTY
	24 FL	JNERAL DIRECTOR	1000	1152	250 DATI	E REC'D. BY REGISTRAR 256. REGIS	PARSIDENTIN
	1	Comes A 8.	MONTON ADDRESS	7011	acunst U	U1 23 100 7 300	
	00	~ 11					

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

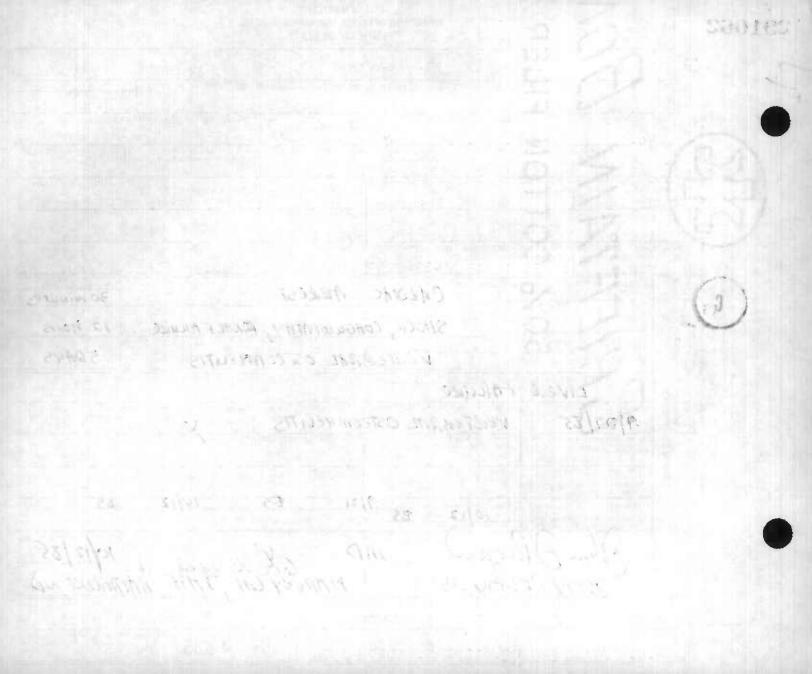
FOR STATE

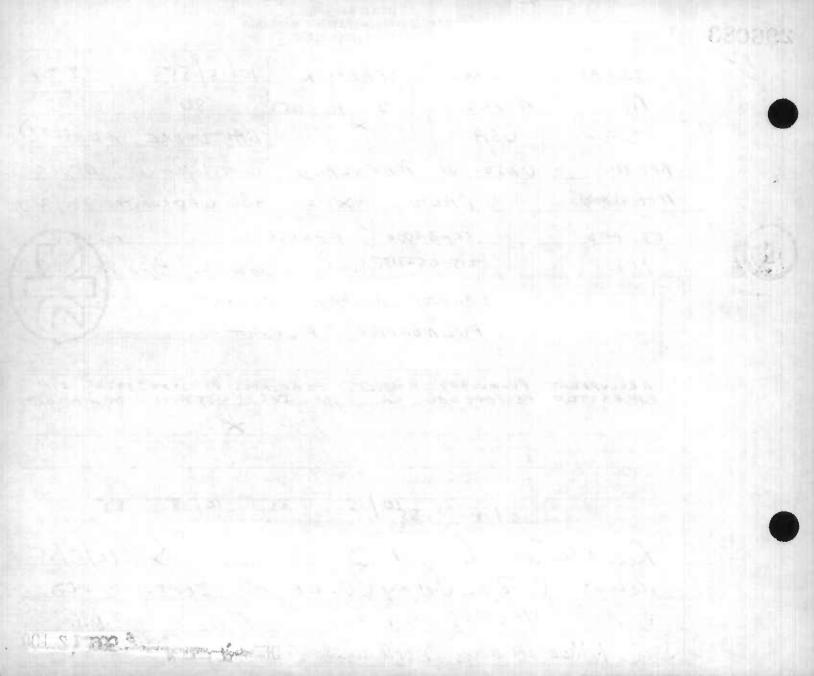
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1 TO FUNERAL DIRECTOR. After this certificate has been signed should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

	/	REGISTRAR				REG. NO.		
2		CEASED NAME FIRST	MIDDLE	LAST	10.00	20 DATE OF DEATH MONTH	OAY YEAR	26 HOUR
10	(ITTE	THOMA	S	SEABRON		OCT. 12,1985	5	10:45AM
-	3 SE	(4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
933		M	R	10 Z	YEAR	54 Y	RS.	HOURS MIN.
600		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	1		9 BALTIMORE CITY OR COL		
obo <		OUNTRY)	U.S.A.	MARRIED X NE	DIVORCED	BALTIMORE	CTMV	MD
ed of		Ya. TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER		120. USUAL OCCUPATION	12b. KIND (OF BUSINESS OR
337		DATEMODE	(IE NOT IN SUCH EACILITY, GIVE STREET			(TYPE OF WORK FOR MOST OF WORK	ING LIFE) INDUSTRY	
e d		BALTIMORE AL RESIDENCE (IF NURSING FIOME OR	JOHNS HOPKINS OTHER INSTITUTION GIVE RESIDENCE BEFORE	HOSPITAL				
\$27		TATE 136 COUN			IDE CITY LIMITS?	13e STREET ADDRESS / ZIP (
		aryland THERS NAME	Baltim		HER'S MAIDEN NA	B18 E. 33rd	St. 2	21218
-5	14. FA		MIDDLE LAST	13 MOI	FIRST	MIDDLE	LA	AST
SW		inwood	Seabron		mie	ADDRESS	Seabr	
de /		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECU	The second	DRMANT			1218
1/		ves	224-32-	-9297 Ma	attie B.	Seabron 81		rd. St.
1		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a) (b) and D BY: E CAUSE (a)	dicil	-0.4.0.			NIMATE INTERVAL
1		PART I. DEATH WAS CAUSE	E CAUSE (a)	DIAC 17	RREST		30	MINUTES
	100			NCE OF				
-		Conditions, if any, which	DUE TO, OR AS A CONSTOUR	IS COAGU	LOPATHY,	PENAL FAILURE	12	hours
4 4		gave rise to immediate couse (a), stating the						
40		underlying couse lost	DUE TO, OR AS A CONSEQUE	RIEBRATE	_ osteo	MYELITIS	5	DAYS
٧. م		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D				GIVEN IN PART 1	la
nolu	NO O	LIVER	HAILLIRE					
à l'	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS P	ERFORMED		F YES, WERE FIND	
3	Ĕ	9/27/85	VERTESAM	OSTEOM	4elitis	YES NOW	ERTIFYING CAUSE YES □	NO
*	E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HO	W INJURY OCCUR	RED (ENTER NATUR OF INJURY IN ITE	M TO PART TOR PART 2	
E /	-	OR CONTRIBUTING CAUSE OF DEA		AY YEAR				
or the	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOC	CATION			
pa	ME	WHILE NOT WHILE	(AT HOME STREET FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
Tor		AT WORK	tal) attended the deceased from _	9/21	10 65	10/12	10 85	All and all for all land
15.		saw the deceased alive an	10112	35 and that in	(my) (pur) apinian	death accurred an the date and	- '/-	, that (I) (we) last
E .		abave (1) (we) (did) (did na	t) view the body after death.	DEGREE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	area area area area area		
F F		The state of the s	(1/2.)	DEGREE	ATTENDING .	AMEDICAL STAFF	12/1	ESIGNED
Ž.		(Whit)	lagan	mo	PHYSICIAN	DIRECTOR PHYSICIAN	4 191	2/05
		224 PHESIGIAN'S NAME THE O	E CALLINA	22e AD	DRESS COO	Stores of C	Stinus	nea A
MPORT		101711/16	LOMO MID		MILVEY	Cell, SITIT	BALLINIO	RE NID
5		SURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	В	URIAL	10-18-85 C	AKWOOD		RICHMOND	COUNT	VA.
7/84	24 FI	INERAL DIRECTOR	ADDRESS	100	250 DAT	E REC'D. BY REGISTRAR 251 RE		
4)	W	.C. MARCH F/H	H CO. 1101 E.	NORTH AT	VE. U	1 10 1892	iardiau disor-	1.000



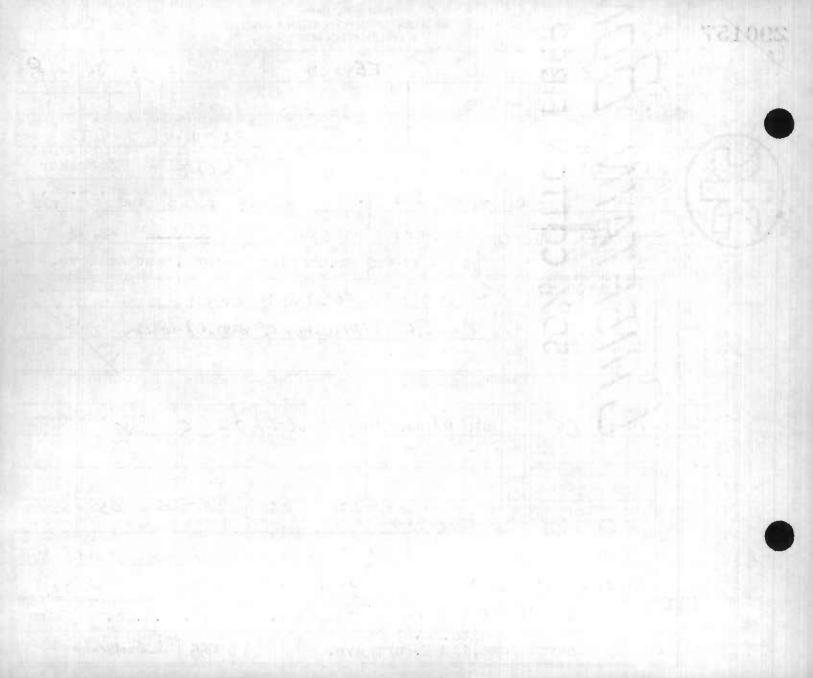


	er death Page 4 m	funeral director. profiles
ANTEND 21201	hours offe	completely filled in by the 1 and 2 ments be filed wi
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTEND 21201	OSPITAL OR AITENDING PHYSICIAN: The low requires that the death certificate be executed. The hours ofter death Page 4 m ed by the hospital or ottending physician.	s. Poge
S, 201 W. PRESTON	uires that the death	UNERAL DIRECTOR: After this certificate has been signed by the attending physici d be detached for use as the burial-transit permit. Then please remove carbon paper he State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
OF VITAL RECORD	CIAN: The law required physician.	irrificate has been si of-transit permit. The ital Hygiene prior to
DIVISION	OSPITAL OR ATTENDING PHYSICIAN: The I ed by the hospital or attending physician.	CTOR: After this ce for use as the buring of Health and Men
	OSPITAL OR A	JNERAL DIRECT be Store Dept.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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	1-	FOR STATE REGISTRAR	DEPA	STATE OF MARYI ARTMENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIENE	REG. NO.	8 3 1	e.f
		CEASED NAME FIRST OR PRINT! EDNA	MIDDLE	SEEBAG		DATE OF DEATH MONTH	13 85 21	HOUR AS
	3. SE)	Temele	WHITE	S. DATE OF BIRTH	YEAR O	GE (IN YEARS LAST BIRTHDAY)	MONTHS DATS F	FUNDER 4 HRS
5	Ma	RTHPLACE (STATE OR FOREIGN TY Land	16 CITIZEN OF WHAT COUNT	MARRIED NEVER	NARRIED	BALTIMORE CITY OR COUNTY	- CITY	MD
1	2 0	TY OR TOWN OF DEATH	South Balliner	RSING HOME OR OTHER INSTREET ADDRESS) WE GEN. HOT		USUAL OCCUPATION PE OF WORK FOR MOST OF WORKIN	17b. KIND OF E	
5	Ma	ryland ANN	OR OTHER INSTITUTION GIVE RESIDENCE BINTY	Clyn Phiso I	NO 12	STREET ADDRESS / ZIP CO	Bk, Pk.	Md. 21225
4	1	VAS DECEASED EVER IN U.S. AF	Touis KOHU	HOFF C	FIRST	ADDRESS	- SHITH	4
7	160. V		IVE WAR OR DATES) 217-			Seebach, San		Ze .
	No	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	EQUENCE OF CARGO		Sigmoid Col	July 1	wi
1	CERTIFICATION	190 DATE OF OPERATION	1 1 1 01	HICH OPERATION WAS PERF		00 AUTOPSY? 206 IF	YES, WERE FINDING RTIFYING CAUSES OF	S USED F DEATH?
,	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED		DAY YEAR 19 21! LOCAT	ION	ENTER NATURE OF INJURY IN ITEM	(18 PART OR PART 2)	STATE
	W		oital) attended the deceased fro	om_{0-12	, 19.85, y) (our) opinian death	to	hour and from the ca	uses stated
		1226. SIGNATURE	N. Klein	DEGREE	PHYSICIAN DIE	EDICAL STAFF RECTOR PHYSICIAN	10 -	3-85
		KWANG N	J- KiM	300	1. SHAND		21.	230
	- (SURIAL, CREMATION, REMOVAL SPECIFY) BUTIAL	10/16/1985	1 01070	Cemt.		A.ConiMary	
		UNERAL DIRECTOR	Balto.MC	1.2127U		D. BY REGISTRAR 29 REC		



injury, or other traumatic event, th

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND	MENTAL HYG EATH	IENE C	NO NO		1 -3
		CEASED NAME FIR	51	MIDDLE	· ·	AST		2a. DATE OF DEATH		DAY YEAR	26 HOUR
	3. SE)	Dora Dora	4. RACE	Mae	5. DATE C	Seeli	ng	Octobe 6. AGE (IN YEARS LAST)		1985	11:30 M
		Female	Whit		June	DAY	901	84	YRS.	MONTHS DAYS	HOURS MIN.
5		RTHPLACE (STATE OR FOREIC COUNTRY) Penna.	U	SA	WIDOWE		VORCED 📋	Baltimore city Balt	imore		MD.
	10. CI	Baltimore	11. NAME OF 1 (IF NOT IN SUC 4706	HOSPITAL, NURSIN HEACILITY, GIVE STREET, Renwick	ADDRESS)		NOITUTION	17ª USUAL OCCUPA (TYPE OF WORK FOR MOS Comptomete	OF WORKING LIFE	E) INDUSTRY	Glass Co
	13a S	Md.	OME OR OTHER INSTITUTION. COUNTY	GIVE RESIDENCE BEFORE 13c, CITY OR TOW Baltin	N	13d INSIDE C	NO 🗌	13e STREET ADDRESS 4706 Re			21206
2	I4 PA	Clarence	MIDDLE	Seeling			S MAIDEN NAA FIRST BUTA	MIDDLE		McCa	lister
		VAS DECEASED EVER IN U YES NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166. SOCIAL SECU 212-10-		Wm.	Geyer		600 V	vynhur	st Ave.
		18 CAUSE OF DEATH IER PART I. DEATH WAS C	nter anly ane couse per AUSED BY: (EDIATE CAUSE (o)	line for (a), (b), and	dicul						IMATE INTERVAL ONSET AND DEATH
	NO	Conditions, if any, whis gave rise to immedic cause tol, storing to underlying couse to PART 2 OTHER SIGNIFIC	NCE OF	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	INDITION GIV	EN IN PART 1	ol		
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES IN CERTIFY	, WERE FINDING CAUSES	NGS USED OF DEATH?
)		21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART (OR PART 2)	
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC)	211 LOCATION STREET	DN	CITY OR	IOWN	COUNTY	STATE
		22a.1 certify that (1) (this haspital) attended the deceased from								ond from the	
		226. SIGNATURE CALLOS 226. PHYSICIAN'S NAME	6. Mac	Manne	M		TTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	22c DATE	SIGNED
		Dr. C	harles Mo			Ва	altimo	re & Lin	boow		
	(BURIAL, CREMATION, REMISSECTIVE Entombment	10/29	9/85 L	orra		ausole		imore	COUNTY	STATE Md.
	24 FL	UNERAL DIRECTORSCH.	imunek Fu l Brehms	ADDRESS		Inc.	21213	REC'D. BY REGISTRA		RAR'S SIGNAT	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

DIVISION OF VIT

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 296079 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH DECEASED NAME MONTH YEAR 26 HOUR FIRST TYPE OR PRINTS 2-45AM CATHERINE SELBY 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH MONTH YEAR FEMALE WHITE 04 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED WIDOWED DIVORCED | Baltimore City Maryland NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR INDUSTRY Brush (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Agnes Hospita Laborer Manufacturing WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 21229 Baltimore YES X NOF 3603 McTavish Ave. Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE McCulloh Katherine Smith Edward 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Joseph C. Selby 3603 McTacish Ave. 21229 220-03-5664 NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIO RESPIRATORY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF LYMPHOMA - STAGE IV MALIGNANT Canditions, if any, which gave rise to immediate (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION DIABETES MIELLITES 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? 90 DATE OF OPERATION LYMPHOMA-- Lymph node biopsy IN CERTIFYING CAUSES OF DEATH? 10/08 NOF YES [21a. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M HE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN AT HOME STREET, FACTORY, OFFICE FARM ETC) STREET NOT WHILE 01 220.1 certify that (1) (this hospital) attended, the deceased from saw the deceased olive an_ and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat view the bady after death DIRECT 22b SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS ld b PILLAI AGNES HOSPITAL, St. BALTIMORE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

ADDRESS Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

BURTAL

24 FUNERAL DIRECTOR

Baltimore

Loudon Park Cemetery

Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE warehoon pandale

DHMH - 16 60M 7/B4 (VRA 15, 4)

Rebeemen

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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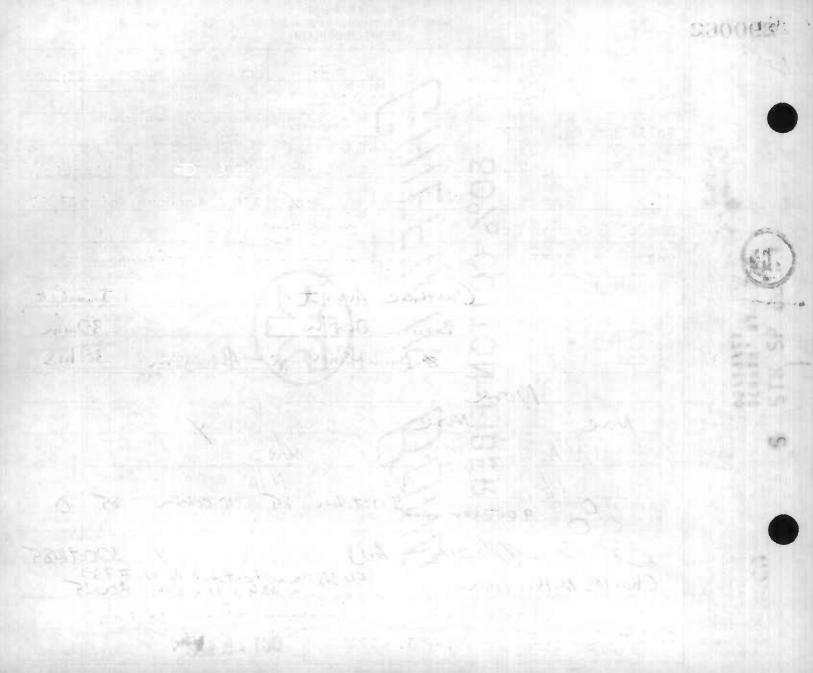
COUNTY

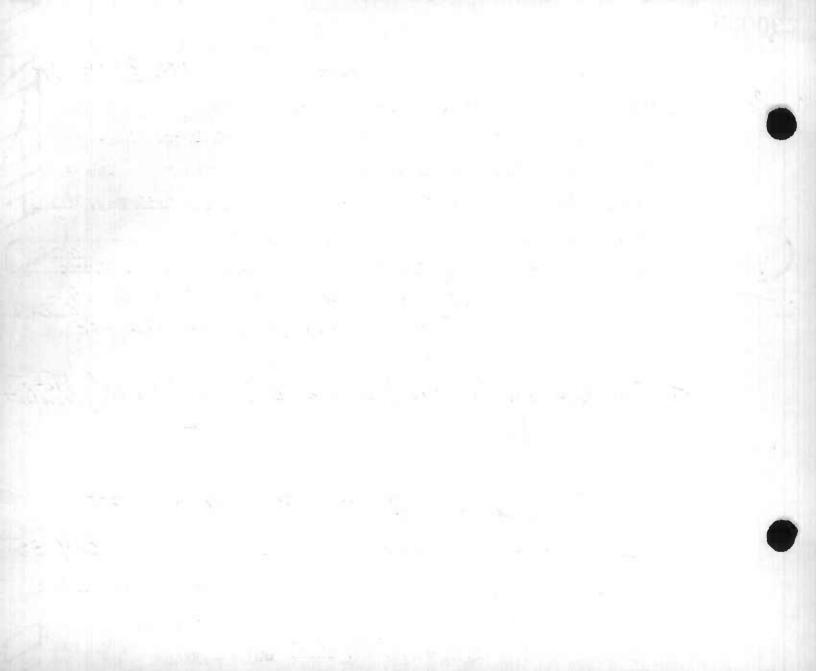
DIVISION OF VITAL RECORDS, 201 W. PRESTON

STATE OF MARYLAND

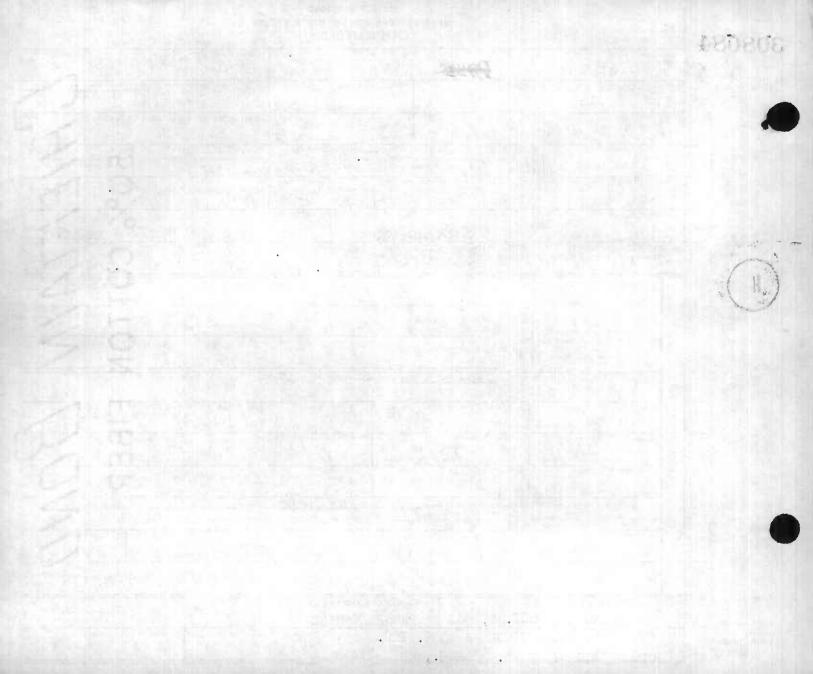
1					STAT	E OF MARYLAND		13	0 7	1 14
١	1.	FOR STATE		DEPART		EALTH AND MENTAL HY	GIENE 👸 😂	la	0 0	10
ı		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	Ю.		Maria
ı		CEASED NAME FIRST	7 + 12 \	MIDDLE	L	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
١	(TYPE	RANDOL	PH		SERMA	N Jr.	OCTOBER 10	1985		2:10P M
ı	3. SEX	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BI	RIHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ı	Ma	ale	Caucas	ian	5-1	29-1923 YEAR	62 yrs	• YRS.	ONTHS DAYS	HOURS MIN
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8 MARRIE	D X NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH	
		Tisbury Md.	USA	Contract Charge	WIDOWE		BALTIMORE		1	MD
4		ALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSI THE FACILITY, GIVE STREE DHNS HOPE	T ADDRESS)	OSPITAL	Title USUAL OCCUPAT (TYPE OF WORK FOR MOST) Design	ion of working life Ena.	INDUSTRY Pla	Auto.
i	USUA 13a S	AL RESIDENCE (IF NURS HIS HOURS	THER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS		1 1 10	DCIO
	Mc	. Some	erset	Cristi	ield	YES NOX	550 A La		Point	t 21817
1	Ra	andolph Serma	in Sr.	LAST		Grace Har			LAS	Т
7	160 \	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC			ccokeekapor		20607	
	ye	SNO OR UNKNOWN)	TE TO AR OR DATES)	220-01	-9586	Randy Serm	nan 15619	Livin	gston	Rd.
		PART I. DEATH WAS CAUSED BY Carcles Avvest							-	MATE INTERVAL ONSET AND DEATH
ı		DUE TO, OR AS A CONSEQUENCE OF								,
ı		Conditions, if any, which	(16) Brain Death					35)mm	
		gove rise to immediate cause (a), stating the underlying cause last.		R AS A CONSEQU	Buch	Hemorrage	e- Anemy	m	38	hrs
ı		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	1	- (1	- 6		N IN PART 1:0	
	NO		Now	5						
/	CERTIFICATION	190 DATE OF OPERATION	19b COND	A .	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
	RTIF	None		None			YES NOW	YES		NO [
		OR CONTRIBUTING AUSE OF OR	21b. TIME C HOUR A.		AY YEAR	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)	145
	MEDICAL	OR CONTRIBUTING CAUSE OFFE	P.		1,9	/ / /	7			
	MED	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE.	MA	THE LOCATION STREET	A CITY OR TO	NWO	COUNTY	STATE
		270 Legitify that (1) this hasaital) attended the deceased from 4 Octobre 10 85 to 10 octobre 10 85 that (1) wallot								
		sow to decease Lalive an 9006 bev 1985, and that in (my) (aur) apinion death accurred on the date and have and fra above (1) we) (did) did not view the body ofter death. DEGREE								
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							22c. DATE	+ INC
		THE THYSICIAN'S NAME ITHE	St Papers	C-CC	10	122 ADDOSSS			# 772	11485
		Charles M. +	tarvis	on		5415 Conne	estimater.	Dic.	2001	5
		SURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	123d LOGATION			-
	_ '	emoval	10-1	0-85 M	t. Ho	pe Cemetery	Livon,	Mich:	igan	STATE
	2 St	Thrumek Fune 331 Brehms La	ral Ho	me, Inc	id.	21213 ^{250. D}	TE REC'D. BY REGISTRAN			
1	3	OT DICILING BO	,		- 20		A 1 - 0 1300	1 - · w 10	was section and	jundalle

DHMH - 16 60M 7/B4 (VRA 15, 4)





308084	1.	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO	0.
poge 3		CEASED NAME FIRST OR PRINT) ABRAM	DALE-	SHAMBERG	20. DATE OF DEATH	DET 29 1985 3 PM
ge 4 mor	3. SE	MALE	CAUC.	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deof		ENNSYLVANIA	b. CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED WIDOWED DIVORCED		ROUNTY OF DEATH MORE CITY MD.
by the fi)	BALLIMORE	1190 W. NOR	NG HOME OF OTHER INSTITUTION TADDRESS APP PARKWAY	120 USUAL OCCUPATI	
n 24 hou hould be	130 5	ALRESIDENCE (IF NURSING HOME OR OF COUNT MARYLAN MARYLA		MORE YES NO []	1170 00	ZIP CODE APT. 505 P 21210 NORSHERN KWAY
ond 2 s		WILLIAM	SHAM		UNKNOWN	S MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
~		Mo	WAR OR DATES	16007 202 E. NORTH	WENDY ROSES IERN PARKWA	Y BALTO., MD 21212
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY. (A - 1	Bladden		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 UE9TS
that the death is by the attendar contends of cremation, or is other traumating.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)			
requires en signed Then pli or to burn	NOI	PART 2 OTHER SIGNIFICANT CO	DINDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMI	nal disease or coni	DITION GIVEN IN PART 1:0
The low cron. te has be sit permit grene pric	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	280 AUTOPSY? YES NO	20%. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\begin{array}{c} \ext{VES} \\ \ext{VES} \
SICIAN: ng physic certificat riol-trans ental Hyg them 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF SAUSE OF BEAT! (IF EITHER NOTIFY MEDICAL EXAMPLE)	HOUR A.M. MONTH P.M.	YEAR 19 NOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)
NG PHY: otter this os the bu th ond M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY / (AT HOME STREET, FACTORY, OFFICE.	1 00	CITY OR 10	wn county state
ATTENDI ospitol or ECTOR: A d for use it of Heal m 21 is m		22a I certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not)	10/23 19		, to	that (I) (we lost ate and hour and from the causes stated
SPITAL OR the hineRal DIRI		22d PHYSICIAN'S NAME (TYPE OR	n B Kelan	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF	FINAL 10/29/85
TO HOSPITAL efoined by t TO FUNERAL should be det with the Store MPORTANT:	00.0	NORMAN	B. ROSEAN,	WD 8412 BELL	ONA LAN	E (204) BALTO 2120
BP		BURIAL BURIAL	OCT.31,1985	PROSPECT HILL	23d. LOCATION CITY OR TOWN YORK	PENNSYĽVANIA
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR SOL I	EVINSON & BROS	· Ino.	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH YEAR 26 HOUR FDMOND NMN 85 19 10 1: 5EX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR 164 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Backe CITY CARSON DIVORCED 12h. KIND OF BUSINESS OR RET ENBUFFEUN NISIA. JSUAL RESIDENCE (IF NURSING 130 STREET ADDRESS / ZIP CODE RD. 21096 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? THIE UM DEATHER'S NAME FIZENER SHANDS 1802 ANDUNER NA 16b SOCIAL SECURITY NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART L DEATH WAS CAUSED BY Cardiorespiratory Failure IMMEDIATE CAUSE (a of prostate Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIL YES [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 71a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) MEDIC. 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STREET COUNTY STATE AT HOME STREET FACTORY OFFICE FARM, ETC 1. WHILE NOT WHILE AT WORK

22a 1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an OG 226 SIGNATURE

DEGREE

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

, and that in (my) (our) opinion death accurred on the date and have and from the causes stated

22c DATE SIGNED

22d PHYSICIAN'S NAME CTYPE OF PRINT

Girais

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL

230 NAME OF CEMETERY OR CREMATORY

MARMONS

STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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303102	2	-	REGISTRAR	31/85 rj	a MED	ICALI	EXAMIN	ER'S C	ERTIFIC	CATEO	F DEA	TH	REG. NO).		
2848			EASED NAME OR PRINT)	Alma	Irene	MIDDLE		Sha	aw.			OF DEATH N	COIL 57		23/1985	26 HOUR
RY, PLE DIRECTO DUR FIL 72 HOL	V	I. SEX	nale	White	3 DATE OF BIRTH MONTH DAY 10 20	YEAR 1911	6 AGE (IN YE.	AY) MONTH		IF UNDER		RONOUNC DEAD	ED	10/	23 % 85	12:4 P M
ECESA NEBAL FOR Y WITHIN	35	7a BII	RTHPLACE (STA		76 CITIZEN OF WH			8 MARRII WIDOW	-	VER MARRI	ED 🔲	Baltino	-	RCOUNTY		
PACES NEW TO WAR	31	ID CI	ryland TYORTOWNO altinor	-	11 NAME OF HOSE (IF NOT IN SUCH FAC Key Med	ILITY, GIVE ST	REET ADDRESS)	, OR OTH			12a USU.	ALOCCUPA OST OF WORKIN USEWIF	TION (TYPE		OR INDUST	JSINESS RY
AND 3 TRAIN PRINT BETAIN HOUSE BECOME	ANT. SET 1	13a. S1	L RESIDENCE (1 TATE ryland	III COUN	or other institution, giv NTY imore	13c. CITY	BEFORE ADMISSING OR TOWN		13d. INSIDE (1 e yes 🖾	ITY LIMITS?		et address 9 Dund		Avenue		21222
DEATH IN PARTY NO 28	130	Fe	THER'S NAME FIRST rdinand		WIDDLE	Gaba	rdine		Han		N NAME	MIDE			t Know	n
SAFER GIVE PA TH FOR PAGES 1	5 8/1	No No	AS DECEASED S, NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		-03-98		17. INFORM	old T.	Shav		ADDRESS		as 13e	
ULD BE EXECUTED WITH "PENDING" IN PENCIL F. MEDICAL EXAMINE ED 5A BURIAL - TRANSIT PEN HEATH AND MENTAL	EMATION, OR REMOVAL	Z	Conditions gave rise cause (a) s lying cause	IMMEDIA , if any, which to immediate tating the under-	TE CAUSE (a) DUE TO, OR (b)	Arter AS A CON AS A CON	SEQUENCE (OF OF			n de la companya de l	r Dise	ease_		approximat Between Onse	
ATE SHOULD BE EXEC E WORD "PENDING" THE CHIEF MEDICAL ID BE USED AS A BUIL MENT OF HEALTH AN	URIAL, CR	CERTIFICATION	19a. DATE OF C	PERATION	196 CONDIT	ON FOR V	WHICH OPER	ation w	AS PERFOR	MED?					20 AUTOPSY YES 🛣	? NO 🗍
F. THIS CERTIFICATE SHOULD BE WRITING THE WORD "PEN WARDED TO THE CHIEF ME PAGE 3 SHOULD BE USED AS TATE OPPARAMENT OF HEAD AS	OR TO BI	CAL		OR G CAUSE OF	DEATH P.M.	MONTH	DAY YEAR			OCCURRE	D (ENTERN	ATURE OF INJUR	Y IN ITEM 18 P	'ART T OR PART 2		
E, WRITIN WARDED PAGE 3 S	21201 PR	MED	21d. INJURY OF WHILE AT WORK		21e PLACE O STREET, FACTO				TREET			CITY OR TOWN		COUNT	ĪΥ	STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWATO FUNEAL DIRECTOR; PARER POPATH WITH THE STA	ITIMORE, MARYLAND	23q. BU	ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN'	I fram: Naty	Gregory R.	Accident	□, S∪	M.D.	Hamic TITLE (SI D. ASS	sista	Undete nt MEDIO 11	Inquiry rmined mann CAL EXAMIN 1 Penn CATION R TOWN	ner .	DATE SIGNED	10/24	1/85
4 BP		Bu	rial		10/26/1985 Ruck, Inc.	Sa	cred H	eart			Dun	dalk	TOUR DECIS	timore	Mary	_
DHMH - 1 (VR A15 ME				Avenue		, Mar	yland	2122		OCT	28:	985 7	cha Sa	undser-	Vanis.	

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FOR

288079

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR			CERTIF	ICATE OF DE	HTA		REG. NO.			
	CEASED NAME FIRST Phi.	lip	Raymond	S	hea		20 DATE OF D		ONTH GA		2b. HOUR a
1. SE	X	4 RACE		5. DATE C			6 AGE (IN YEAR	S LAST BIRTHE		UNDER I YEAR	IF UNDER 24 HRS
	Male	Cauca	asian	11-	7-1906	YEAR	78		YRS	NIHS DAYS	HOURS MIN.
7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN C	F WHAT COUNTRY?	8	NEVER MA		9 BALTIMORE	CITY OR		OF DEATH	
-	Indiana	U. 3	S. A.	WIDOWE		ORCED	BA	LTIM	ORE	CITY	MD.
10. C	ITY OR TOWN OF DEATH		F HOSPITAL, NURSIN	ADDRESSI			120 USUAL OC	CUPATION	N	126. KIND (OF BUSINESS OR
11.00	BALTIMORE				ST AGNI	ES	Paper		rrier		wspaper
13a S	AL RESIDENCE (IF NURSING HOME STATE 136 CC MD Ba	VINUY.	on Give RESIDENCE BEFORE 13c CITY OR TOW Catons	/N	13d INSIDE CITY	LIMITS?	7 En		zip code Avenu		1228
M FA	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S A			MIDDLE		1A	ST
/	Phillip	Patric	k Shea		Ann		N	/I ·		She	
16a V	VAS DECEASED EVER IN U.S. YES, NO UNKNOWN) (IF YES.	ARMED FORCES GIVE WAR OR DATES!	213-09		A Mrs		tricia	Chri			0ak Ct 1228
7	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO,	OR AS A CONSEQUI	ENCE OF				or condi	TION GIVEN	N IN PART 1	a
CERTIFICATION	198 DATE OF OPERATION	19b CON	IDITION FOR WHICH	OPERATIO	N WAS PERFORM	MED	200 AUTOPS				NGS USED S OF DEATH?
MEDICAL CERT	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM-	DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR			RED (ENTER NATUR				
WED	21d INJURY OCCURRED NOT WHILE AT WORK		E OF INJURY STREET FACTORY OFFICE F		211 LOCATION STREET			CITY OR TOWN	٧	COUNTY	STATE
	22a.1 certify that (1) (this has saw the deceased alive abave, (1) (we) (did) (did	an Octo	ber 3 ,19		d that in (my) (o	ur) apinian	, 10	an the date	e and haur	and fram the	that (1) (we) last causes stated
	12h ENDANTURE	nt	(43			ENDING	MEDICAL DIRECTOR	STAFF PHYSICIA			3-85
	Jose F. Per	NON dez,			900		AVE		to, Hel		
Z30.	BURIAL, CREMATION, REMOV	AL 1736 DATE	230	NAME OF C	EMETERY OR CR	EMAIORY	23d LOCATIO	OIN			

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 10-5-85 St Johns Cemetery

Ellicott City.

REG DOY 1585 PAR 255 REGISTRATES

Howard MD

24 FUNERAL DIRECTOR MacNabb Funeral Home, Catonsville, MD

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Manager of the state of the sta

296108	1 -	FOR STATE REGISTRAR		DEPARTA	AENT OF H	EALTH AND MENTAL HYG CATE OF DEATH	IENE S	28	0 2	5
moy be pooge 3		EASED NAME FIRS JO	hn P	Paul	611	herry	20. DATE OF DEATH		DER I YEAR IF	HOUR almost 25 25 pers
an other man		Male	Whit	é	MONTH	29 / 18	67	YRS		OURS MIN.
4 75/16	0	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WH	AT COUNTRY?	MARRIE		9 BALTIMORE CITY O		EAIH	
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AND 212		TATE 136 COUN		E RESIDENCE BEFORE CITY OF TOW	N	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIPCODE	7 %	999
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ST. BALL		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	D BY	ssation	10	reathing + hea	rt beat. 4	299	APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
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res tha gred b gred b burial, ry, or a		PART 2 OTHER SIGNIFICANT		INJUTIES	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART Ito	
ORD	TION	Malnutrition/	dehydra	Tion / E	ETOH a	buse WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WE	DE EINIDINIO	e Heed
A S S S S S S S S S S S S S S S S S S S	TIFICATI	190. DATE OF OPERATION	I MAR CONDING	IN FOR WHICH	OPERATION	N WAS PERFORMED	YES NO	IN CERTIFYING	CAUSES	
DEVIEW DEVIEW	AL CERT	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH D		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART 2)	
DIVISION OF VITAL NG PHYSCLabs. The caltending altysticol files this certificolo 5 os the build-framils in and Mental Hygies orked or frem 18 abo	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINED 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY FACTORY, OFFICE, F	19 FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN C	OUNTY	STATE
ATTENDIN APPRODUCTOR, Af CTOR, Af I for visit of 1 for visit of 2 1 is man		22a I certify that (I) (this hosp saw the deceased alive or above, (I) (we)(did) (did no	10/9/	85 19		that in (my) (our) opinion	deoth occurred on the d	ote and hour and		of (I) (we) lost uses stated
ITAL OR-		22h SIGNATURE	- L	la-Tex	Kh!	DEGREE ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC	FF .	10 8	7/85
A HOSPITA String by HOSPITA FUNERA FOUND BE DO WHORTANI		641/12+mo	Abesada-			4 Montaigne	Cook	D. Balt.	more	21208
444999	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 10/17/			emetery or crematory ne Park Cem.	23d LOCATION CITY OF TOWN Woodlaw	n Ba	lto.	Md.
DHMH - 16 50M 4/83 (VRA 15, 4)		INDIAL PHIBOTOR		34.72.1		75a DA1	8 1095		SIGNATUR	E

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ZOIVI	DHMH - 17		INERAL DIRECT		. Tno T	ADDRESS		W- 3							GISTRAR'S	SIGNATU	RE	_
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Transfer of dollars

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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

1985

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE.

WHAN CITY EXELS Mariting 14.3 The second

DHMH - 16 60M 7/84 (VRA 15, 4)

10/22/1985 24 FUNERAL DIRECTOR Duda-Ruck, Inc. Dundalk, Maryland 21222 Wise Avenue

mo.

236 NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

23b. DATE

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

CITY OR TOWN Baltimore Maryland 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2b HOUR

12b. KIND OF BUSINESS OR

Roberts

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Same as 13e

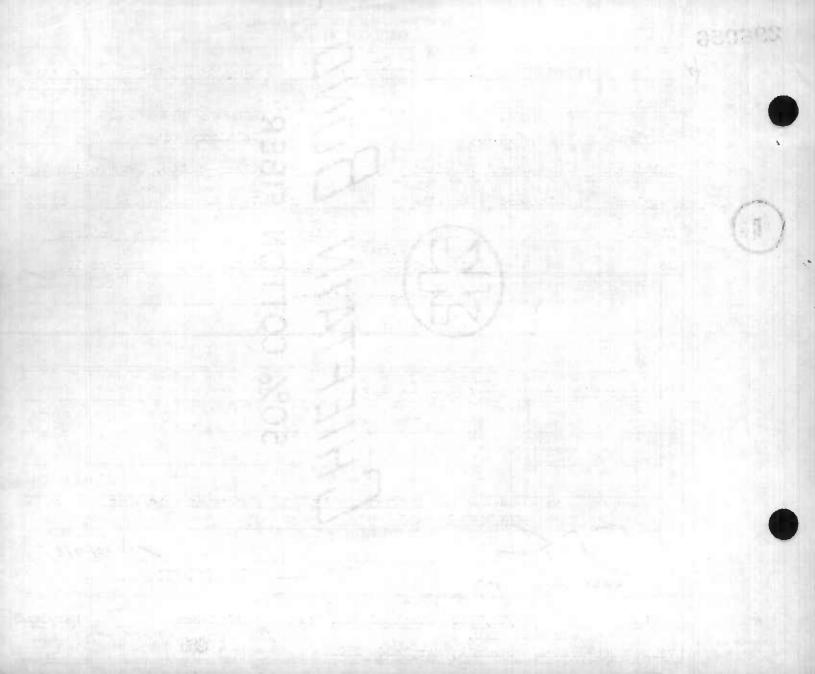
IF UNDER 1 YEAR

6 · 45AM

21222

STATE

22c DATE SIGNED



FOR - STATE REGISTRAR

DECEASED NAME

ID CITY OR TOWN OF DEATH

14 FATHER'S NAME

TYPE OR PRINTS

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

DHOEMAKER

MONTH / DAY _ TEAR

5. DATE OF BIRTH

END	2		la	0	()	6	-40	0		
	R	EG. N	0.					3		
20 DAT	TE OF DEA	ATH /	MONTH	14 14	19	85	26 1	HOUR 38	5 PM	
6 AGE	(IN YEARS	LAST BIR	THDAY	IF U	NDER	YEAR	IF UI	NDER 2	4 HRS	
	20)	YR	MON	ins ins	DAIS	HOL	RS	MIN.	

	///	Caucasian	11	29
BIRTHPLACE	(STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?		NEVER MARI
(1) 9	Leadalal	1 U.S.A	WIDOWED	DIVOR

TOBIAS

RIED A CED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

120 USUAL OCCUPATION 126 KIND OI TYPE OF WORK FOR MOSE OF WORKING LIFE! INDUSTR None

BALTIMORE CITY OR COUNTY OF DEATH

USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE COUNTY

4 RACE

13d VASIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

21750 te.

160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNK DWN) (IF YES, GIVE WAR OR DATES)

DALE

17. INFORMANT

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

	Hypercaleemia
190 DATE OF OPERATION	196 PONDITION FOR WHICH OPER

ATION WAS PERFORMED 716 TIME OF INJURY

IN CERTIFYING CAUSES OF DEATHS YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d IN IURY OCCURRED

220 1 certify that (I) (this below) attended

WHILE NOT WHILE AT WORK

Conditions, if any, which gove rise to immediate cause (a), stating the

underlying cause lost.

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

211 LOCATION

200 AUTOPSY?

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.) decreased from:

______, that (1) (we) last and that in (my) (our) apinian death accurred on the date and have and from the causes stated

10

DEGREE 22e ADDRESS

STREET

ATTENDING PHYSICIAN

STAFF DIRECTOR PHYSICIAN 27s DATE SW

APPROXIMATE INTERVAL

230 BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR GREMATOR 236. DATE

MY

DHMH - 16 60M 7/84 & (VRA 15, 4)

ld b

DIRECT

X

18141 4 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

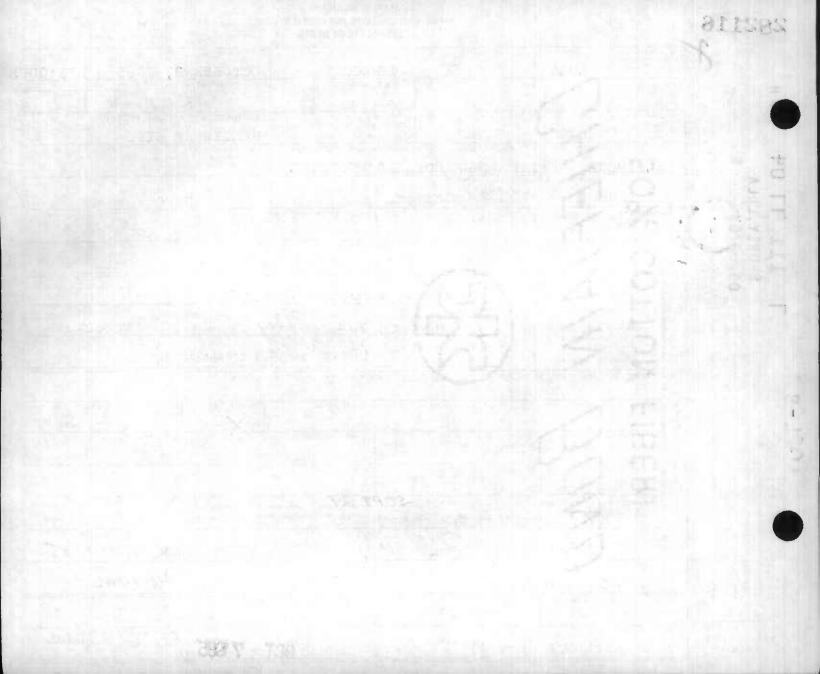
20b. IF YES, WERE FINDINGS USED

Tools Fire Family ed.

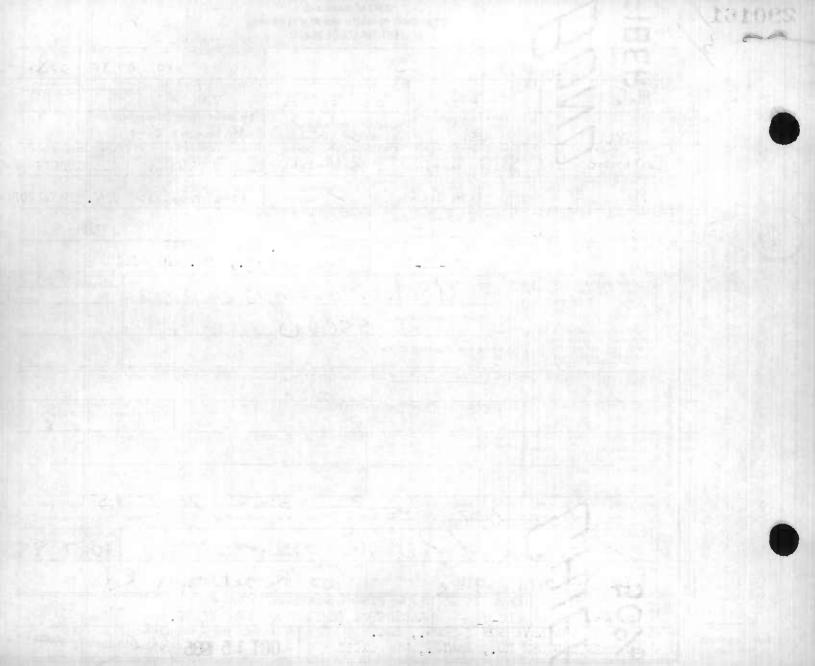
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14 S N

STATE OF MARYLAND 282116 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME LAST 20 DATE OF DEATH 26 HOUR TTYPE OR PRINTS LULA (vs. LOLA) SHOREY OCTOBER 1985 11:00PM 4 RACE 5 DATE OF BIRTH A AGE TIN YEARS LAST BIRTHDAY 3 SEX IF UNDER LYEAR MONTH YEAR HOURS 18 P, 67 70 BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina U.S.A. WIDOWEDIX BALTIMORE CITY DIVORCED 18 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL WOULD RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13g STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 1905 Penrose Avenue 21223 Baltimore Maryland YES TX NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE FIRST Conver Mary WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS LYES NO OR UNKNOWN) HE YES GIVE WAR OR DATES) *Unknown 212-12-6124 Beulah Russell 1905 Penrose Avenue 18 CAUSE OF DEATH (Enter only one couse per line for rol, (b), and ic:
PART I. DEATH WAS CAUSED BY. CARDIO PULMANARY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF UNKNOWN MALIGNANCY DISSEMINATED Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF INTETERMINANT underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 8 CERTIFICATI 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from my) (our) opinion death occurred on the date and hour and from the causes stated and that in obove (1) we) didy did not) view the body after death 22h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS HOSPIVAL RAIFON JOHNS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN STATE BURIAL Eastview Mem. Pk. Baltimore, Md. 24 FUNERAL DIRECTOR REGISTRAR 25 PREGISTRARIS SIGNATURE givia Davidson-Mandelle DHMH - 16 60M 7/84 C March F/H Inc. 1101 E North Avenue (VRA 15, 4)



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 298106 REGISTRAR REG NO 1. DECEASED NAME KNOWN TX MONTH 20. DATE (TYPE OR PRINT) ESTI-ECESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, DEATH MATED Curtis Sigler 12 19 85 3 SEX 4 RACE S. DATE OF BIRTH & AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 10:37 132 DEAD Male White 30 53 12 1985 May a WITHIN 5 FOR YC 76 CITIZEN OF WHAT COUNTRY IN RIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED # Baltimore City, West Virginia U.S.A. WIDOWED PAGE 5 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 2100 Walshire Drive USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY (none) YES [NO F 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 1451 William Sigler Clara May 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) YES Army 1954 233-44-7339 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DIVISION OF VITAL YES | NOX TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BLU 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 214 IN ILIRY OCCURRED 2 TE PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM FIC I STREET CITY OR TOWN STATE WHILE AT WORK AT WORK COUNTY X 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian at rol causes Hamicide death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Acting Chiefedical EXAMINER 10/12/85 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BP 07/84 10/16/85 Removal 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR En Davidson Randell **DHMH - 17** Balto., Md. Anatomy Board (VR A15 ME (5))

	1			STATE OF MARYLAND		
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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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(VRA 15, 4)		Joseph BOWN	HOMBON F.H. MORESS 9	13 W. BACTU. STORT	1 5 1985 Julie	Davidson Bre

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE KNOWN X 2b. HOUR (TYPE OR PRINT) OF ESTI-Monte **JAMES** SIMMONS 10 6 19 85 4 RACE & AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE AST BIRTHDAY) PRONOUNCED 2:88 Aug 3,1920 Male White 65 DEAD 1985 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Baltimore City M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Retired Guard Baltimore University Hosp. (STU) Daltimore 13d. INSIDE CITY LIMITS? 13e. 3 RESTADERES Mar Ct 130 STATE 21234 NOTE Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Joseph MIDDLE Lindemans Louise Simmons 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS Mrs Frances Portman 2102 Townhill Rd 212-01-5659 Yes CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Perforating gunshot wound of head (handgun) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (6) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 😾 NO T 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 11:53xx10-6- 19 85 Self-inflicted. 21e PLACE OF INJURY (AT HOME 21f. LOCATION CITY OR TOWN WHILE AT WORK building MD Spring Grove Hosp. Balto. Autapsy X 220. I certify that I took charge of the remains described above, held an Suicide X death resulted fram: A Natural causes Accident Undetermined manner TITLE (SPECIFY) EXECUTE CEST PAGE A SHOUL TO FUNERAL DATES DEATH, BALTHANDE WAS BALTHAND ACTUAL M.D. Assistant MEDICAL EXAMINER 10--7-85 SIGNATURE Ann M. Dixon, M.D. EXAMINER'S NAME 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRES: 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Baltimore, Maryland 10/8/85 Westview Cremation 07/B4 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Leonard J Ruck Inc. Baltimore. Md (VR A15 ME (5)) Julia Saindry Bandon

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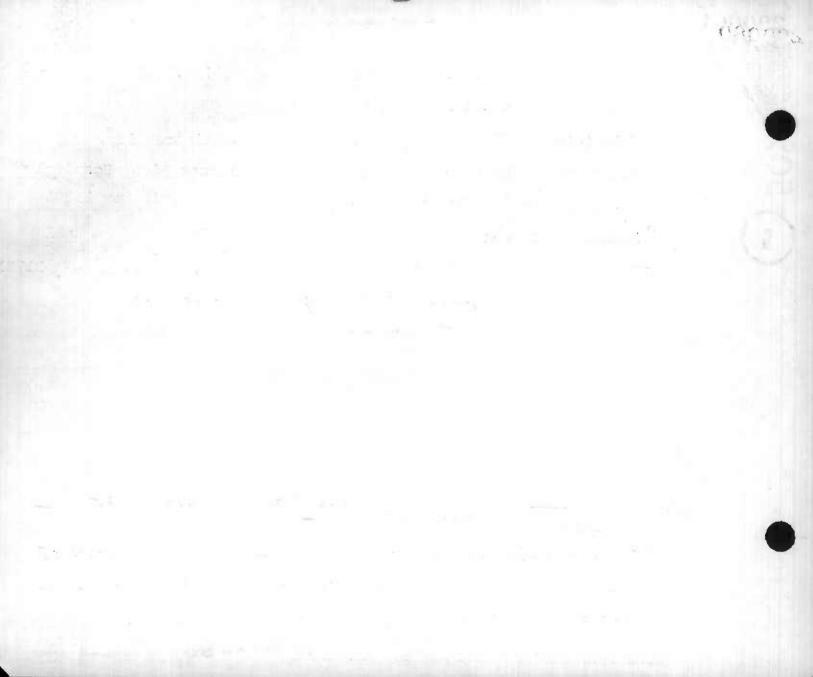
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MEDICAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH 26 HOUR TYPE OR PRINTS SINGER 06:30AM LEON OCTOBER 985 3 SEX 4 RACE S DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MAR. 13, 1895 MALE WHITE Jo. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED POLAND USA BALTIMORE CITY WIDOWED XX DIVORCED IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY FACTORY WORKER BALTIMORE THE JOHNS HOPKINS HOSPITAL COMFY CO. APT. 318 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 2500 W.BELVEDERE AVE. #21215 BALTIMORE MARYLAND YES KX NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE HIRSH SINGER **BRUCHA** KNOBLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MRS. PAULA ORBACH APT. 402 (IF YES, GIVE WAR OR DATES) 219-28-6018 8415 BELLONA LA. TOWSON, MD 21204 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: mounts ventralar Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CATION

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DEGREE

MID

22e ADDRESS

ATTENDING

PHYSICIAN |

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN BURIAL

OCT.28,1985 CHEVRA AHAVAS CHESED SOL LEVINSON & BROS., 24 FUNERAL DIRECTOR

abave, (1) (we) (did) (did not view the body after death

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE:

and that in (my) (aur) apinian death occurred on the date and hour and fram the causes stated

DIRECTOR PHYSICIAN

STATE RANDALLSTOWN BALTO

22c DATE SIGNED

18/27/87

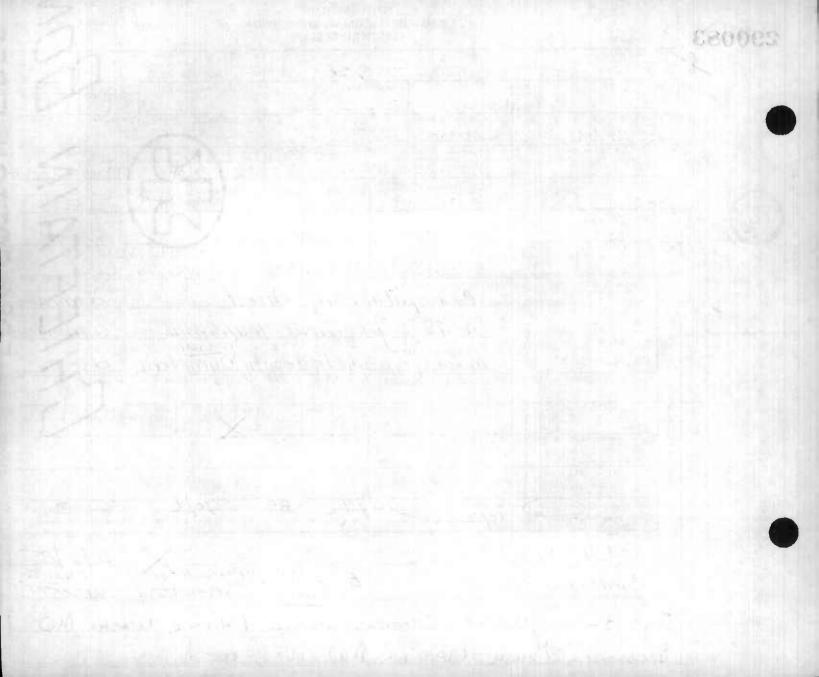
(VRA 15, 4)

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FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

8084	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2 8 3 3 8 CERTIFICATE OF DEATH							
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1225	CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE	DIVORCED [BALTO	. CITY M				
1	BALTO.	11. NAME OF HOSPITAL, NURSING HOME ((IF NOT INSUCH FACILITY, DIVE STREET ADDRESS) HURCH HOSP.	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE) OF WORK FOR MOST OF WORK	ING LIFE) 126 KIND OF BUSINESS OF INDUSTRY ARMOD STEE				
W.	MD. 13b COUP		YES NO P	13e.STREET ADDRESS / ZIP/C	ODE 17. 21236				
050	JOHN	MADDLE SKAPDA	BARBARA	MIDDIE	POKORNEY				
700	, WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 16 WAR OF OTHES) 215-07-3542	ELEANOR M.	SKARDA S.	AME 2/236				
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PORTAN	DAVID		Charles and the second	CH HOSPITAL ADWAY, BALTI	CORPORATION,				
3P	BURIAL CREMATION, REMOVAL	23b. DATE 23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	BOLTO . 10 STATEM				
AH - 16 60M 7/84 (VRA 15, 4)	FUNERAL DIRECTOR THOMAS T.S	KARDA 2829 HUDS		REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE				



DEPARTMENT OF HEALTH AND MENTAL HYGIENE. 1 - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 295026 REG. NO DECEASED NAME FIRST 20. DATE KNOWN X MONTH 26 HOUR LIYPE OR PRINTI ESTI-CLIFTON DEATH MATED 1419 85 SLATER 10 4. RACE SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED 19 85 25 DEAD B 42 43 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Maryland U.S.A WIDOWED DIVORCED Baltimore City O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION LTYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING HEES Baltimore 2101 Cliftwood Ave. University ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? THE STREET ADDRESS Baltimore YES X NO 1507 N. Montford Ave. 21213 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIODLE LAST MIDDLE FIRST Horace Slater Jannie Ball 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mildred Jackson 1507 Montford Ave. no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Stab wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES NO 210 EXTERNAL CAUSE WAS 716 TIME OF INTURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR 3 SHOUL DEPARTM Subject stabbed CONTRIBUTING CAUSE OF DEATH 11 xxx 10-14-19 85 21e PLACE OF INJURY (AT HOME III LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE STATE building 2101 Cliftwood Ave., Balto. City MD Autapsy 220. I certify that I took charge of the remains described above, held an Inspection Inquiry Homicide X death resulted fram: Natural causes Accident Suicide Undetermined monner PAGE 4 SHOULD PAGE TO FUNERAL DIRE AFTER DEATH, WITH BALLIMORE, MARY TITLE (SPECIFY) ACTUAL 10-14-85 MD Assistant MEDICAL EXAMINER SIGNATURE 111 Penn St., Balto., MD 21201 EXAMINER'S NAM M.D. Ann M. Dixon. (TYPE OR PRINT) ADDRESS 230 BURIAL CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Maryland Baltimore 10-21-85 Baltimore BURTAL 07/84 25M 24 FUNERAL DIRECTOR 250. DAD 160. AY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** maximason pandale C. March F/H Co. 1101 E. North Ave. (VR A15 ME (5))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 303010 DECEASED NAME 20 DATE KNOWN X MONTH DANIEL DEATH MATED SLOTNICK 10 25 19 85 & AGE (IN YEARS 3 SEX 4. RACE 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR PRONOUNCED 5:45 11/12/31 DEAD W 53 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY) Baltimore City New York WIDOWED [DIVORCED ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Union Memorial Hospital Professor Baltimore University SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) of Illinois 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 230 Stoney Run Lane 21210 NO [MD Balto. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Leo Slotnick Sarah Janofsky 7. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) No 085 24 8031 Mrs. Joan Slotnick, Same APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AER. Th...
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ATE DEPARTMENT OF TO BUF. YES 🗌 NOX 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2 le PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED PAGE 4 SHOULD BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK Inspection X 22a. I certify that I took charge of the remains described above, held an Natural causes X Hamicide death resulted fram: Accident Suicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 10-26-85 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Balto. 10/28/85 Green Mount Cremation MD 07/84 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE Henry W. ADULenkins & Sons Co. **DHMH - 17** (VR A15 ME (5)) 4905 York Road Balto., MD 21212 your round about - proportion

STATE OF MARYLAND

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Hanry W. Jankins & Long Co.

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DRESS Pl,		OCT	23 1985	RAR ISH R	David	S SIGNATUR	tell :

MONTH

10

DAY

2b HOUR

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT

Charles A. R ice FSPA 1366 Eutaw Pl,

R.M. SHAH.

23b. DATE

10-23-85

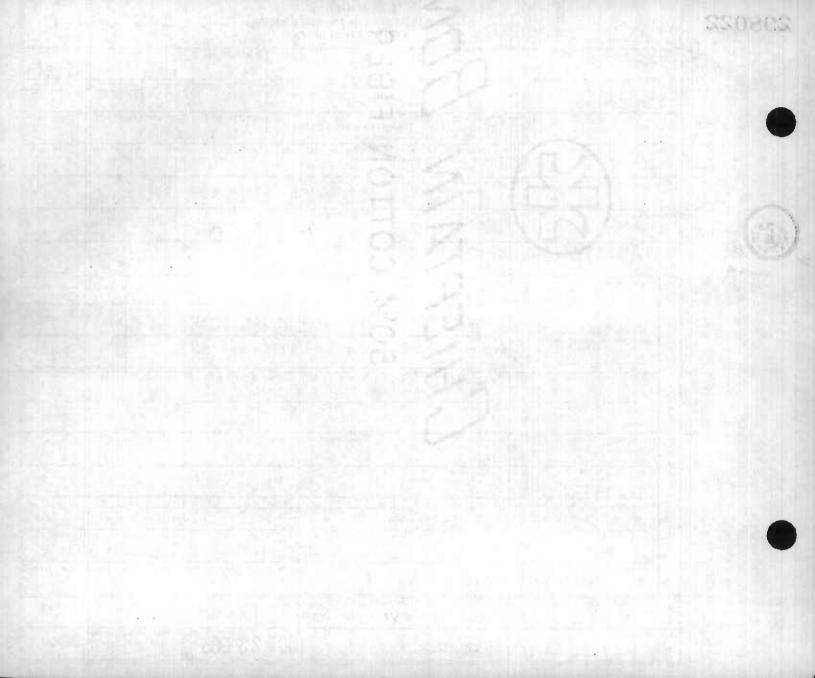
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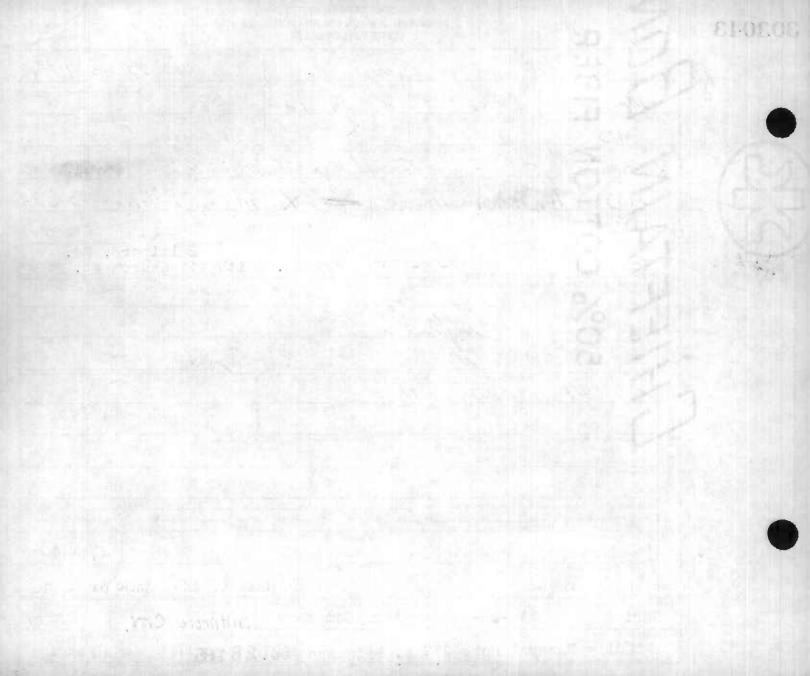
22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR





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FOR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

28343

1 '	REGISTRAR		CER	TIFICATE OF DEATH	REG. NO).		
I. DE	CEASED NAME FIRST C RA	1.0	R. 5	MITH	2a. DATE OF DEATH	MONTH DA	Y YEAR 7-85	26 HOUR 2.20 A M
3. SE	MALE	4 RACE White		TE OF BIRTH DAY VEAR 03-02-09	6 AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
10 C	IRTHPLACE (STATE OR FOREIGN COUNTRY) Md. ITY OR TOWN OF DEATH		A WIDO	RIED NEVER MARRIED DIVORCED DIVORCED NE OR OTHER INSTITUTION	9 BALTIMORE CITY OF BALT I	MOR	E ()	MD.
USU 13a.	BALTIMORE ALRESIDENCE (IF NURSING HOME OF STATE Md. ATHER'S NAME	OR OTHER INSTITUTION G	aritian Hosp HIVE RESIDENCE BEFORE ADMISSIN 13c CITY OR TOWN city		Account I3e STREET ADDRESS / Eveshall	ZIP CODE am Ave	2121	Comp.
	William	Henry	Smith	Mary	Anna ADDRE	Denh	ard	ό τ
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)	130 10 10 2				e. 212	34
NO	Canditions, if any, which gave rise to immediate cause (0), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b)	AS A CONSEQUENCE O	Heart Fail	und		N IN PART II	a
CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?			NGS USED 5 OF DEATH? NO [
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (1) (this hosy saw the deceased alive a abave, (1) (we) (did) (did in 22b. SIGNATURE	P.M. 21e PLACE O (AT HOME, STREI	MONTH DAY YE I. IF INJURY ET FACTORY, OFFICE, FARM, ETC deceosed from	211 LOCATION STREET 19 and that in (my) (aur) apinion DEGREE	CITY OR TO	~ 2 2 ~ 19 ite and haur o	COUNTY 9 S 1 and fram the	SIGNED
	LOKESWA		EDARA	22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	IAN 🔄		27.85- BALTIMOR
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	10-30-		Ridge Cemetery	23d. LOCATION CITY OR TOWN		timore	STATE Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

24 FUNERAL DIRECTOR
Burgee-Henss Funeral Home 3631 FALLS Rd 21211

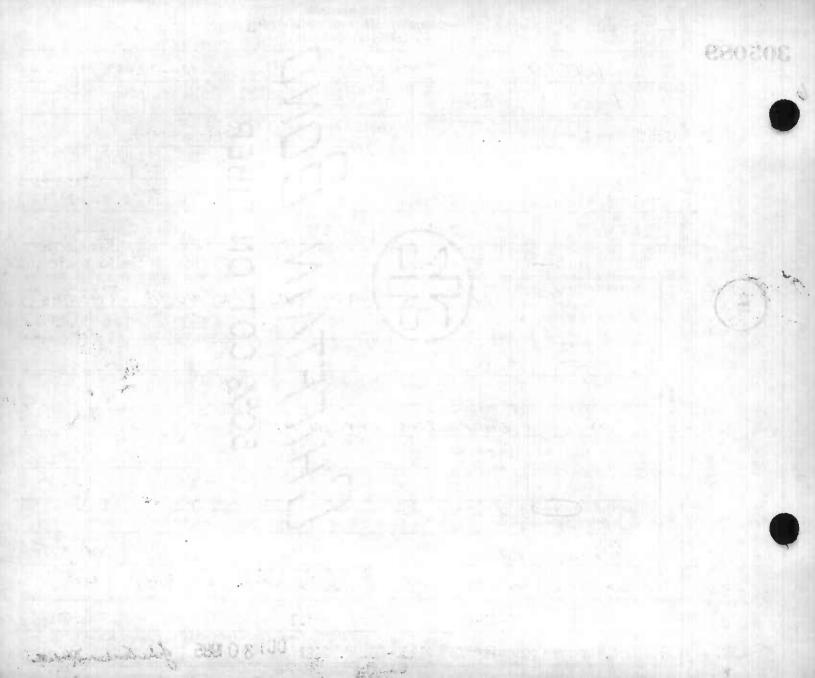
ery --- Baltimore Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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BP______ DHMH - 16 60M (VRA 15, 4)

			STATE OF	MARYLAND	The same of	ents offic	Sec. 1 3
1.	FOR STATE	DEPART		TH AND MENTAL HYG TE OF DEATH	SIENE) 5	2 8	5 4 4
	REGISTRAR		CERTITION	TE OF BEATH	REG. NO		
	CEASED NAME FIRST	MIDDLE	LAST	. /	2a DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
	DUREI	201111111	SMITI	+ SMITH	OCTOBER 10	2727-	85 6:10 Ax
3 SE	× Female	4 RACE	5. DATE OF BI	^{ртн} 20 1920	6 AGE IN YEARS LAST BIRT	HDAY) IF UP	HS DAYS HOURS MIN.
7- 0	IRTHPLACE (STATE OF FOREIGN	7b CITIZEN OF WHAT COUNTRY	1	20 1920	9 BALTIMORE CITY OF	YRS	DEATH
4	outh Carolina	U.S.A	MARRIED	NEVER MARRIED	Baltimor	_	
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		200	12a USUAL OCCUPATIO	ON I	2b. KIND OF BUSINESS OR
	City	Church Hospit	address)		Machine 0	perator	NDUSTRY
USU 130	STATE _ 13b. COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR		INSIDE CITY LIMITS?	LISTREET ADDRESS /	ZIP CODE	Baltimore
	aryland	City	YE	S 📉 NO 🗌	1300 E. Lan	vale St	. Md. 21213
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	WAS DECEASED EVER IN U.S. A			INFORMANT	ADDRE		Nashua New
	(YES NO UNKNOWN) (IF YES G	217-07-1	512 Ja	ames A.Davis	s 8 Roderick	Circle	Hampshire,
	18 CAUSE OF DEATH (Enter of	inly one couse per line far (a), (b), a ED BY:	nd Ich		24.22		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	1000	DUE TO, OR AS A CONSEQU	ENCE OF MI	TTASTATTC	ENDOMETRI	AT.	3 MONTHS
	Canditians, if any, which	(h)	211	317101711110			3 110111111
	gave rise to immediate)		14.	CARCINOM	A	
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	IENCE OF				
	DARTA OTHER CICAHEICANIT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T DEL ATED TO THE YEAR	UNIAL DISEASE OR COM	DITION CIVEN	IN DADY 1
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	RELATED TO THE TERM	MINAL DISEASE OR COIN	JIION GIVEN	IN PART III
Ĕ	19s DATE OF OPERATION	196. CONDITION FOR WHICH	- OPERATION VA	AC BEREORMED	20g AUTOPSY?	20h IEVES W	ERE FINDINGS USED
5 5	2/00				1	IN CERTIFYIN	G CAUSES OF DEATH?
CERTIFICATION	//83	ENDOMETRI	1,	RCINOMA	YES NO	YES] NO []
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)
S	(IF EITHER NOTIFY MEDICAL EXAMIN		19				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE		LOCATION	CITY OR TO	MN	COUNTY STATE
	AT WORK AT WORK	pital attended the deceased fram	OCTOBEL	3 23 10 85	to OCTOBE	D 2710	85 that (1) (we) la
	saw the deceased alive a	n OCTOBER 27 19 not) view the body ofter death.	85, and th	at in (my) (aur) apinion			
	12h SIGNALURE	or view the Body offer death.	DEG	REE		2014	22c. DATE SIGNED
	Whant	I mil		ATTENDING PHYSICIAN	MEDICAL STAF	F IAN D	10/27/85
1	22d. PHYSICIAN'S NAME (TYPE			ADDRESS CHURC	CH HOSPITA	In	4.0
	ALEXANDER	HANTEL M	0	100 N. B.	CH HOSPITA	BALT	MD
	BURIAL, CREMATION, REMOVA			TERY OR CREMATORY	23d LOCATION	ce	DUNIY . STATE .
	Buriai	10-31-85		Memorial	Ballimor		Maryland
				louth las au			
	UNERAL DIRECTOR	CommunityF/HADDRESS			E.REC'D. BY REGISTRAR	25b. REGISTRAR	'S SIGNATURE



309068 DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH TYPE OR PRINTI **EDGAR** Sr. SMTTH OCTOBER 30 4 RACE 6. AGE IN YEARS LAST BIRTHOAY 3 SEX 10 10 Male Black A BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MAryland Baltimore City. TYPE OF WORK FOR MOST OF WORKING LIFE CHURCH HOME HOSP Baltimore Baltimore 13d. INSIDE CITY LIMITS? Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Nob le Smith 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 216-07-1743 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE PNEUMONIA DUE TO, OR AS A CONSEQUENCE OF SEVERAL Conditions, if ony, which gove rise to immediate DUE TO CEREBROWASCULAR ACCIDENT cause (a), stating the underlying couse lost CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21s PLACE OF INJURY ZII LOCATION AT HOME, STREET, FACTORY OFFICE FARM ETC) NOT WHILE 220 L certify that Mark (the Kespital) attended the deceased from CTOBER 12 __ 19 85 above, (1) (Wild) (did not) view the body after death 226 SIGNATURE

814 E. Coldspring Lane 21212 MIDDLE Roselyn Smith 814 E. Coldspring Lane TRANSIENT ISCHEMIC ATTACKS AND ARTERIORSCLEDOTIC CYDNERGONUND DICEAC IONS CONTRIBUTING TO DEATH BUT NOT RELATED CARD HOWAS CHAPAR DITION GIVEN IN PART 110 280 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE to CTOPER sow the deceased alive on OCTOBER 30.19.85, and that in (my) (auX opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRES CHURCH HOME HOSPITAL ATAOLLAH F, NAZEMI M.D 230 BURIAL, CREMATION, REMOVAL CITY OF TOWN 11/2/85 STATE Arbutus Memorial Pk. Arbutus, Md. 250 DATE REC'D. BY REGISTRAR 25) REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

STATE OF MARYLAND

REG. NO

MONTH

1985

26 HOUR

12b. KIND OF BUSINESS OR

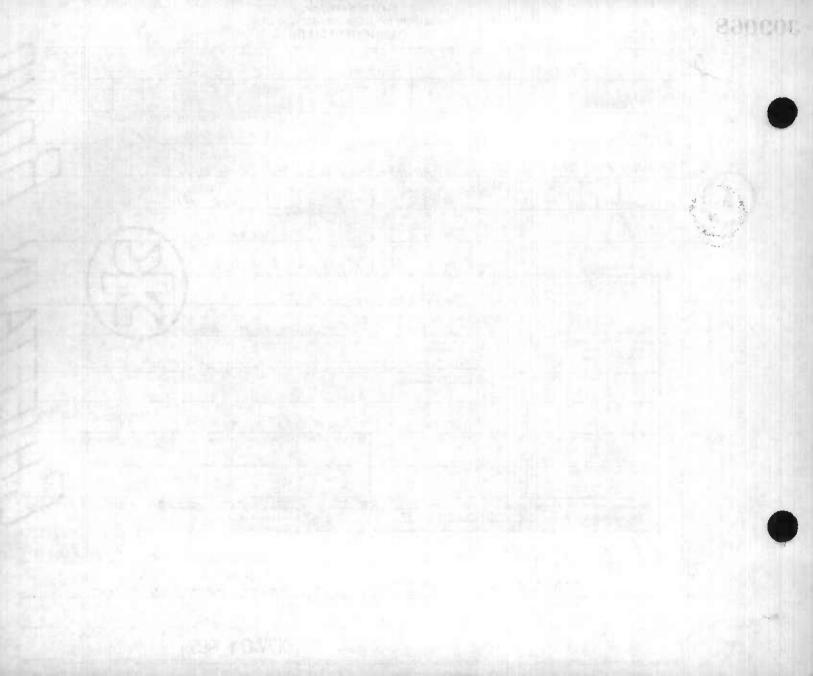
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DHMH - 16 60M 7/84 (VRA 15, 4)

PORTANI

BURTAL

March Funeral Homes 1101 East North Avenue



STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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	1.	STATE REGISTRAR			CERTIF	ICATE OF D	EATH		REG. N	۷0.			8 11	
		CEASED NAME FIRST ,	MIDDI	IE /		AST		20 DATE OF	DEATH	MONTH	DAY	YEAR	2b. HOUR	
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	3. SE	×	4 RACE		5. DATE C			6. AGE (IN YE	ARS LAST B	RTHDAY)	IF UN	DER YEAR	IF UNDER 24 H	HRS
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		Conditions, if any, which gave rise to immediate	(p) 81	sptured.	PO	- 114 /71	TEW/ 43 M				-		- 70 60 70	-
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3	CAT	198 DATE OF OPERATION	196 CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTO	PSY?	20b. IF Y	YES, WE	RE FINDIN	GS USED	
	H H	ATTACHED IN THE						YES	NO		YES T	CAUSES	OF DEATH?	
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	AL	OR CONTRIBUTING CAUSE OF DE	510	MONTH DA	19									
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF I			211 LOCATIO	N					- Country		
	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, I	FACTORY, OFFICE FA	ARM, ETC)	STREET			CITY OR T	OWN		COUNTY	STATE	
		220 I certify that (I) (this hosp	itol) ottended the de	eceosed from	0-10	WAS	, 19 85	, to	10-1	U	. 19_6	95-	that (I) (we)	lost
		sow the deceased alive on above, (I) (we) (did) (did no	10 - 10	r death	, 01	nd that in (my) (our) opinion o	death occurred	on the	dote and h	our ond	from the	couses stated	1
		226. SIGNATURE	11-0	· GCGIII		DEGREE				157		22c. DATE	SIGNED	
		(ed 5 blown	Cry -			HYSICIAN [MEDICAL DIRECTOR	STA PHYSI	AFF ICIAN 🕞	-	10-	10-7-	-
		226. PHYSICIAN'S NAME (TYPE	OR PRINT!			22e ADDRESS								
	-		osew, n	P		22		ne ST		BA	1 time	re pr	11	
	23a B	BURIAL, CREMATION, REMOVAL	236. DATE	23c N	IAME OF C	EMETERY OR CI	REMATORY	23d LOCA	TION		1:01	WTLG	CLATE	

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for us with the State Dept of He

Burial 10/14/1985 Cedar Hill Cemeter Balto A.A.Co. Maryland Balto McCully Funeral Home, 130 Fort Ave. OCT 15 1985 July Burden Warden Balto.A.A.Co.Maryland 24 FUNERAL DIRECTOR

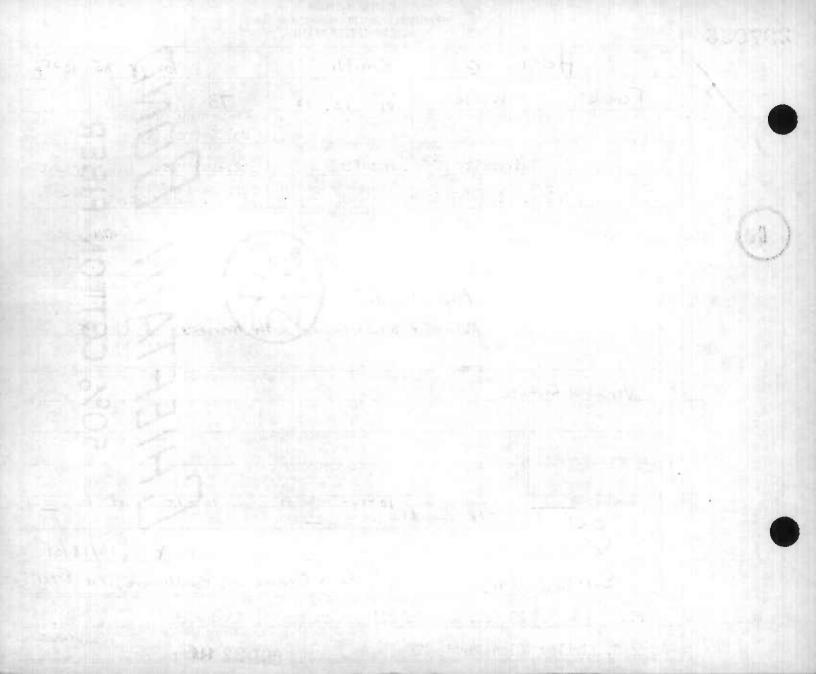
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ge 4 moy	3 SE	Female	4 RACE White	S. DATE O	F BIRTH DAY YEAR 12 /2	6. AGE (IN YEARS LAST BIRTHDAY) 73	IF UNDER LYEAR IF UNDER 24 HRS
2 P Q P		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIET	□ NEVER MARRIED □	9 BALTIMORE CITY OR COU	NTY OF DEATH
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25	JSU	AL RESIDENCE IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		13e STREET ADDRESS / ZIP C	ODE 21720
(M) 300	14. F.	ATHER'S NAME	MIDDLE Smil	h	15 MOTHER'S MAIDEN NAM		SPAINGER
07/		WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SE E WAR OR DATES) 220-05		Charles Schl	ueter 232 Will	
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requirements or to	Į.		ctures				
The low ton.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION	WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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7 4 7 5 7 20		22b. SIGNATUR May	Gellers	С	EGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/18/05
TO HOSPITAL retorned by 11 TO FUNERAL should be det with the Stote		·	hollmo		22. S. Green	ne St. Baltin	nore, Md. 21201
BP	23 a . l	BURIAL, CREMATION, REMOVAL BURIAL			wet Cemetery	236 LOCATION CITY OR TOWN Frederick	COUNTY MD STATE
	24. F	UNERAL DIRECTOR	21 000. 00 1	10. 011		REC'D. BY REGISTRAR 256 REC	
DHMH - 16 60M 7/84 (VRA 15, 4)	1	ames S. Kirkley	Glen Burnie	MD	O	OT 22 1095	GISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201

STATE OF MARYLAND



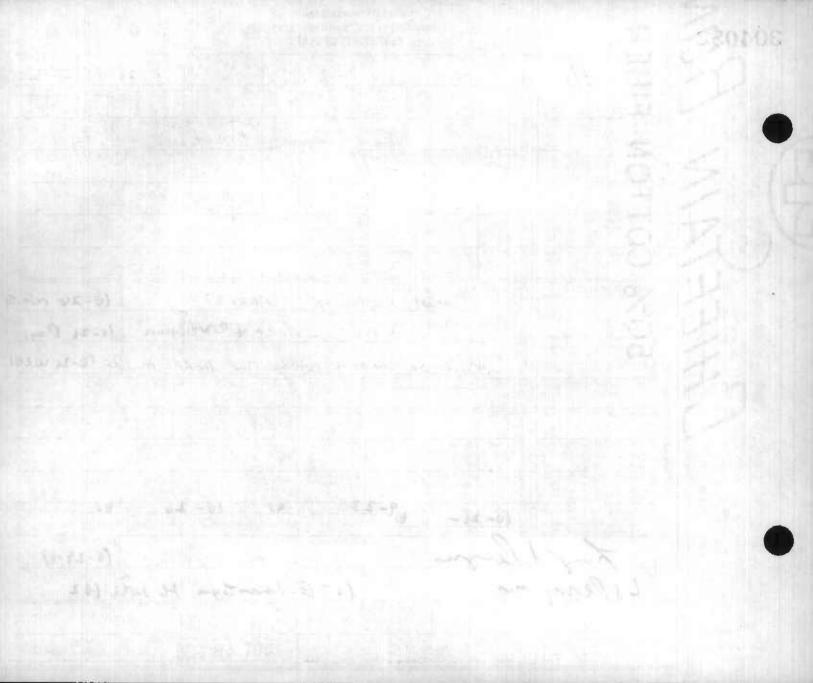
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENEAS FOR - STATE REGISTRAR REG NO I DECEASED NAME 308058 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED S NECESSARY, PLEASE, FUNERAL DIRECTOR. : 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET, HELEN MAXINE SMITH × 10 28 19 85 3 SEX 4 RACE DATE OF BIRTH A AGE IN YEARS IF UNDER 1 YR IF LINDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED :55_M 24 24 DEAD 28 19 85 female BLack 61 10 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED K DIVORCED Baltimore City 2. AND 3 TO THE FUN 3. RETAIN PAGE 5 F 2 SHOULD BE FILED, W AL RECORDS, 201 W. F Philadephia, Pa. 10. CITY OR TOWN OF DEATH 124 USUAL OCCUPATION LIVE OF WORK 1126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 2207 Prentiss Place Unemployed Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 13h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 2207 Prentiss Place Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ALIDDI I Hall Bradford Alice Mae Robert James 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS HE YES GIVE WAR OR DATES! 213-20-3996 Ella Wright 1018 N. Carrollton Avenue 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOX 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO BURECTOR: PATER DEATH WITH THE ST
BATTIMORE, MARYLAND, 2
BATTIMORE, MARYLAND, 2 X 220. I certify that I took charge of the remains described obove, held an Autopsy death resulted from: Natural causes Homicide Undetermined monner TITLE (SPECIFY) Assistant 10-28-85 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY Md. STATE Burial Mount Zion Cemetery Lansdowne. 11/1/85 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** $\mathrm{Wm}^{\mathrm{NAME}}$ March F/H, Inc. 11^{DDRSS} East North Avenue (VR A15 ME (5)) in somitification - Heading

STATE OF MARYLAND

304052	1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HY ICATE OF DEATH		28	ن ن	Ü
D		CEASED NAME FIRST	MIDDLE		AST	REG. No.	MONTH DAY		HOUR
moy be poge 3	34AL	Hen V	JOSEPH	Sa	rith, SR.		10 20	85 -	5:00 AM
Pog fer de	3. SE)		4 RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF I		INDER 24 HRS
ge 4 ector rrs offi	uit.	MALE	BLACK		11-1907	78	YRS	DATS NO	DNS MIN.
Poor Phon		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
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by the filled with	10	Altimore	11. NAME OF HOSPITAL, NU (IF NOT A SUCH FACILITY, GIVEN		405 bitAl	120 USUAL OCCUPATION OF STORE OF WORK FOR MOST OF LONGSHORE	F WORKING LIFE)	12b. KIND OF BU	JSINESS OR
24 PG	13a. S	L RESIDENCE IN NURSING HOME OR TATE 136 COUN		TOWN	13d INSIDE CITY LIMITS? YES X NO	3407 DOLF	ZIP CODE	ENUE, 2	1215
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(i ci bo	JA		LLIAM SMI		MARY			JOI	HNSON
13/			(E WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRE			
1 55	NO		217-05	5-1781	WILLIAM L.	SMITH, 1567	SHEFFI		
physical physical property personal		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	DBY.		MONARY.	ARREST.		APPROXIMATE BETWEEN ONSE	
he death ce he attending entone corb marken, et n		Conditions, if ony, which gove rise to immediate cause (a), stating the)		ic Stor			10-26	
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during the piges of the piges o	NO	PART 2 OTHER SIGNIFICANT (
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At OR A the hose N. DIREC enoched he Dept.		22b. SIGNATURE	1 Persons	18.18	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (120 DATE SIGN	
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58 5213		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		OUNTY	STATE
BP		BURIAL	10-31-1985	ARBUTU	S MEMORIAL PA	ARK BALTIM	ORE COU	NTY	

DHMH - 16 60M 7/84 (VRA 15, 4)

FWUTTER & SONS FUNERAL HOME, DINC. 2501 GWYNNS FALLS PARKWAY, BALTO., MD 21216



3	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 5 2	8 3 5 1
tor, page 2000 offer death	(1796	CEASED NAME PIRST OR PRINTS LUIA (LILLI)	E) M.	(JOHNSON)	20. DATE OF DEATH MONTH	O 85 10210MAM
rector, p	3 SE	FEMALE	BLACK	5. DATE OF BIRTH MONTH DAY YEAR 7 3 2 4	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
funeral di thin 72 ho		RTHPLACE (STATE OR FOREIGN COUNTRY) NCC -	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BACTIMOR	E City MD.
by the	B	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRE WYMAN PAR	HEALTH SYSTE	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING M U MEM ployed	12b. KIND OF BUSINESS OR INDUSTRY
thould be	13a. S	Md 136. COUN		WN 13d INSIDE CITY LIMITS? YES NO [130 STREET ADDRESS / ZIP COL 2730 Parku	100d Ave 21217
22000		THER'S NAME FIRST WILLIAM	MIDDLE TAY	WR Haggie	MIDD(E	SMITH
			MED FORCES? (E WAR OR DATES) 166 SOCIAL SEC 219-20	-6370 Margaret Ho	oward 2730 Par	Kwood Avenue
g physic onpape remayal, event, th		PART I. DEATH WAS CAUSE	oly one couse per line for 101, (b), on BY: TE CAUSE (0) CARNO		REST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death or d by the attendin ease remove carb ol, cremation, or in		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)			
been signed mit. Then pliprior to buring only injury, o	ATION	PAR OTHER SIGNIFICANT OF THE THE	MELICIONUM	DEATH BUT NOT RELATED TO THE TERM ARSID M 40 PM H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
The loss nsit per ygiene shows	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	11 HOW INJURY OCCUR		(ES NO NO
StCIA plant	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR 19 211 LOCATION	TENTER MATURE OF HATURA HATTER ID	rani (Ukrani 2)
ING PHY r attending Mitter this os the bu th and M arked or	WED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE		CITY OR TOWN	COUNTY STATE
ATTENDI Sspital ar CTOR A d for use a for use n 21 is m		leceosed clive on	tol) oftended the deceased from 20 19 to view the body ofter death		, to 10/20 death occurred on the date and ha	our and from the couses stated
TAL OR by the hory the hory the hory the horse detached to the Dept.		Brown	Mauple		MEDICAL STAFF DIRECTOR PHYSICIAN	10/20/85
FUNERA old be de de Stot ORTANI		224 PHYSICIAN'S NAME HY	and one	N MD 3100 WYN	IAN PARK DI	2 SOLFINITE
O HO From the Amphorate Am		5160	D. NGUYE	714,114	Troo Prode y	2 BALTIMORE
TO HOSPITA TO FUNERA should be de with the Stot IMPORTANT		UURIAL, CREMATION, REMOVAL SPECIFY) Burial JNERAL DIRECTOR	236 DATE 23c	NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	23d. LOCATION CITY OR TOWN	county State 2121

HANDER OF THE STATE OF THE STAT ENTER DE LOS PARTIES DE LA PROPERTIE DE LA PRO The second second A STATE OF THE REAL PROPERTY OF THE PARTY OF State of the Control
IMPORTANT: If Irem 21 is marked or should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR

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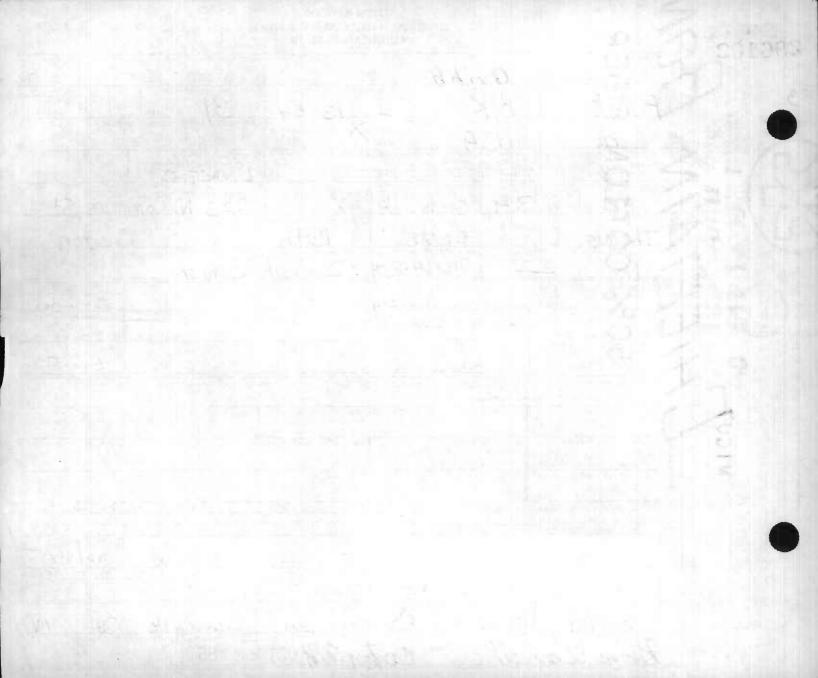
DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

	REGISTRAR		CERTIFICA	IE OF DEATH	REG. N	0.	
	ECEASED NAME FIRST	MIDDLE	LAST			MONTH DAY YE	AR 26 HOUR P
	MARGA	ARET Quibb	SMI	TH	OCTOBER	7, 1985	11:47 _M
3. SE	X	1 RACE	5. DATE OF BI		6 AGE (IN YEARS LAST BIR		
166	tomak.	BIK	MONTH	12 5H	1 31	YRS MONTHS 0	DAYS HOURS MIN.
	RTHPLACE STATE OF FOREIGN	16 CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY		н
3	V 20	(15A	WIDOWED	DIVORCED [ORE CITY	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		THER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOSE O		ND OF BUSINESS OR
B	ALTIMORE	THEJOHNS HOPKI		TAL	Donest	C	IRI
13a :	STATE ME 11917 CC	OUNTY 13c. CITY OR TO	201/6 AE		136 STREET ADDRESS	ZIP CODE O	ce 5+ /
17	ATHER'S NAME	MIDDLE	1 /	MOTHER'S MAIDEN N	AME		LAŞT
1	1 homes	Cri/	36	Kuth	4000	Cas	570n
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17	INFORMANT	ADDR	:55	
	No	- 1416.6	7.05M	Josep	D DWITH)	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per line for (o), (b), USED 8Y:	ond ich	1		BETV	PROXIMATE INTERVAL
	IMMED	DIATE CAUSE (0) Cardunyul	monary	arrest			mentes
		DUE TO, OR AS A CONSEC					7 0
	Conditions, if ony, which gove rise to immediate		5687				2 days
	couse (a), stating the underlying couse lost	DOL TO, ON AS A CONSE					amenths.
	PART 2 OTHER SECURIC AN	NT CONDITIONS CONTRIBUTING T	DSIS	DEL ATED TO THE TER	MINIAN DISCLOSE OD COM		3 menovino
Z	myocardial	infarction	O DEATH BUT NOT	RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR	či 110
T A	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION W	AS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FI	NDINGS USED
CERTIFICATION	Mark September				YES NOT	IN CERTIFYING CAL	USES OF DEATH?
CE .	21a. ACCIDENT WAS UNDERLYING		210	HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI		
¥	OR CONTRIBUTING CAUSE OF		DAY YEAR				
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211	LOCATION	CITY OR 10	wn count	Y STATE
2	AT WORK NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E PARM EIC I	SINCE	City ox to		31410
	22a 1 certify that (1) (this ha	ospital) attended the deceased from	9 30	, 19 \$ 5	10 10	7 19 85	, that (we) lost
		on 10 7 19 d not) view the body ofter death.	_83_, and the	ot in (my) (our) opinion	deoth occurred on the de	ate and hour and from	the couses stated
	226. SIGNATURE	111	DEGI				ATE SIGNED
	the	- 1 Mum	i	PHYSICIAN	MEDICAL STAI		10/8/85
	224 PHYSICIAN'S NAME (TY	PE OR PRINTS	22e	ADDRESS 600 1	1 1 , , , 1,	BALTO, MD	, 21205
_	Steven I	- Control of the cont	M	Johns Hop	king Hospita	US.	
	BURIAL, CREMATION, REMOV	10/12/85 23	RODINS	SON CEM	23d LOCATION CITY OR TOWN	ile cours	A MO
24 FI	UNSRAL DIRECTOR	ADDRESS	Q. +	m 100		256 REGISTRAR'S SIG	NATURE
	Horge X	pried	1000	1 1/1/06	T 2 2 1985	guia Davida	N-Bindale



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 21201

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF BEATH

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9500	1	6	-10	-

1		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
6	1. DECEASED NAME FIRST MIDDLE			LAST	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR				
-)	(TYPE OR PRINT) MARY			Smith	10/13/85 64				
	3 SEX	THANK	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER YEAR IF UNDER 24 HRS			
		female	Black	MONTH DAY YEAR	67	YRS DATS HOURS MIN.			
At l	Je BII	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR				
35	1	mary/220	US.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTI	nore CIG MD.			
1.	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION				
16	BA	Himore	LUTHERAN	705 P.	NON	e None			
		AL RESIDENCE (IF NURSING HOME OR O			In CIDEET ADDRESS / 7	18 core 2/2/7			
35	130.5	TATE 136 COUNT		YES NO [13e STREET, ADDRESS / Z	manife &			
	14. F-5	THER'S NAME	() SAPIFII	IS MOTHER'S MAIDEN NA					
06	3	fillier "	acksor	V Josephin	MIDDLE	£AST			
1		VAS DECEASED EVER IN U.S. ARM		RITY NO. IN INFORMANT	ADDRESS	01			
		NES NO OR UNKNOWN) (IF YES, GIVE Y	216-36	3758A Danie	1) Smith !	14 n Monroe St			
			one couse per line far (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DEATH WAS CAUSED	BY:		Stomack				
		IMMEDIATE	CAOSE (G)		21010100				
		DUE TO, OR AS A CONSEQUENCE OF							
		Canditions, if any, which gave rise to immediate	(b) (01/31	racino curoj	10,0				
		couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUEN	NCE OF	/				
			(c)						
	N	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDIT	ION GIVEN IN PART 11a			
_	L CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	OPERATION WAS PERFORMED	20e AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED			
2		CONTRACTOR OF STATE			YES NOTE	N CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)			
		710 ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY	21¢ HOW INJURY OCCURE					
9		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR					
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19 211, LOCATION					
	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE			
		AT WORK AT WORK		9/1/ 51	- 1011	3			
7		22a I certify that (I) (this hospito		9/ 18/ 19/81		19 that (I) (we) lost			
4	1	saw the deceased alive on above (f) (**pull-d-d)(did nat)	view the body after death.		death occurred on the date	and hour and from the causes stated			
		17% SIGNASURE	121	DEGREE ATTENDING	MEDICAL STAFF	771 DATE SIGNED			
		1 Mgs	Ollen	PHYSICIAN [DIRECTOR PHYSICIA	NE 13/13/81			
		THE PHYSICIAN'S MARKE I HAY ON	MINON	720-ADDRESS		/ /			
		Moges he	shreman au	n					
	23e B	BURIAL, CREMATION, REMOVAL	23b. DATE 22. N	AME OF CEMETERY OF CREMATORY	23d LOCATION				
	1	3/18/11	112-17-856/1	Writing mem F	A. VSOL	to. Mid . STATE			
7,79	24 FL	JNERAL DIRECTOR	0 110-40	250: DAT	E RECO. TY REGISTRAP 25	REGISTRAR'S SIGNATURE			
/B4	1	eroun Duett	1. Jan 4600 1sh	petultata DIANT	TE 1085	a Davidson-Randoll			

lett & Son 4600 Liberty

DHMH - 16 60M 7/B4

corbonpopers. physici

the attending

should be detached for use as the burial-transit permit. Then please remove carbonpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR. After this certificate has

ATTENDING PHYSICIAN: The attending physicia

TO HOSPITAL

BP.

(VRA 15, 4)

43 6

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 287064 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME 2h HOUR MARY ELEANOR (TYPE OR PRINT) 85 Sister Eleanor Smith 12:50P M 10 3 SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) YEAR UAYS HOURS 3 - 21 - 08Female Caucasion 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED United States WIDOWED Baltimore City Baltimore. Md. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Teacher Baltimore Maria Health Center USUAL RESIDENCE (IF NURSING HOME OR DITTER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 13a STATE 156 COUNTY 113c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 6401 N. Charles Street YES T Maryland Baltimore 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME EIRST LAST MIDDLE Smith James Margaret Janson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-78-5170A Sr. Maria Goretti - 6401 N. Charles Street No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and I Congestive Heart Failure PART I. DEATH WAS CAUSED BY: Years IMMEDIATE CAUSE (a DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last ā PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 0 AT HOME, STREET, FACTORY OFFICE FARM ETC.) CITY OR TOWN WHILE NOT WHILE AT WORK 220.1 certify that (1) hospital attended the deceased from _, that (1) (we) last __ and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated DEGREE 22c DATE SHENED ± ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAL MPORTANT: 22e ADDRESS ould b 0 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE CATION Villa Maria (SPECIFY) CAFE PRIONITION Baltimore HYP. BP 10-8-85 Burial 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 I fin Kninder Mitchell-Wiedefeld Home 6500 York Road 21212 (VR A 15 (4))

STATE OF MARYLAND

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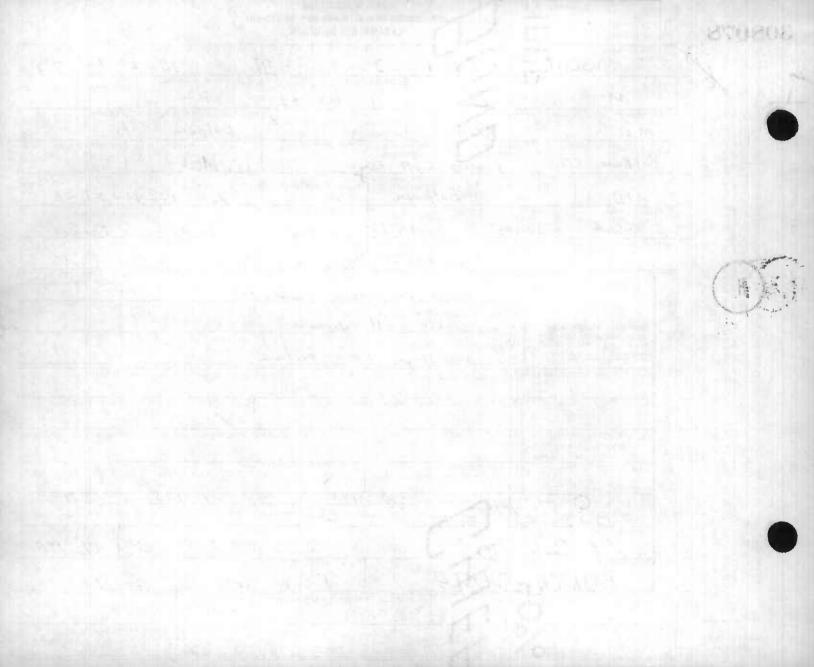
STATE OF MARYLAND 296097 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR KNOWN 1 DECEASED NAME 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Patrice Smith 18 19 85 4. RACE 5. DATE OF BIRTH 6 AGE LIN YEARS | IF LINDER 1 YR IF UNDER 24 HRS 7d HOUR DATE LAST BIRTHDAY PRONOUNCED 6:10A BLANK SEPT. 27 FEMALE 1954 DEAD 18 19 85 In BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY MARY LLAND US of A WIDOWED [DIVORCED Baltimore City D 3 TO THE PLITAIN PAGE JLD BE FILED CORDS, 201 ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE) OR INDUSTRY 4619 Lanier Avenue Baltimore UNEMPLOYED USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE 4619 LANIER AVE. 21215 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST AAHDOLL LAST AND DUE LAST LEWIS SMITH GLADYS STERLING ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT 21215 IYES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES NO MRS. GLADYS SMITH 3408 ROCKWOOD AVE. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Seizure disorder IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T IO CERTIFICATION USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF H HEAD ONLY 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY LINDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK AT WORK STATE DEATH, WITH THE S Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 10/18/85 TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE, J SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto, MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE BALTIMORS . (DALTO.) BURTAL ARBUTUS MEM. PARK 07/84 25M 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) LEWIS T. CWYNN 4517 PARK HETGHTS AVENUE

2 V = 1. . 7 954 31 . 10 JAMES IN THE PROPERTY OF STATES OF S The state of the s 217 OA 5237 HELDS BELLE SHOW THE SHOW

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308078	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 SEG. NO. 28 5 5						
oy be	{TYPE	CEASED NAME FIRST OR PRINT! Smith	TI) Robert	L J	SmithI	2a DATE OF DEATH MONTH 10 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26. HOUR 28 85 7 1/2 M		
ge 4 m	3. SE	M	B	MONTH DA	S 4-2	42 YR	MONTHS DAYS HOURS MIN.		
orth. Po	76. BIRTHPLACE (STATE OR FOREIGN			76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MONORCED			9. BALTIMORE CITY OF COUNTY OF DEATH BOLHMORE CITY MD		
D III. CITY OR TOWN		Baltimore City	11. NAME OF HOSPITAL, NU	IRSING HOME OR OTHER		120. USUAL OCCUPATION (TYPE OF WORK F. ST. OF WORKIN	126. KIND OF BUSINESS OR INDUSTRY		
be be	USU.	AL RESIDENCE (IF NURSING HOME TATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE JNTY 130. CITY OR B2/1	JOWN 13d INSI	NO [130 STREET ADDRESS / ZIP CO	DDE 2 122 MAN KD ZB		
ompletely and 2 st			MIDDLE LASS	nith Jr	HER'S MAIDEN NAM	MIDDLE Delle	Thomas		
medico		VAS DECEASED EVER IN U.S. A (ES, NO OR UNIMOWN) (IF YES, C		36 2729 Max	y Della	Shorts 2512	Huron St		
Belfinore WES IN O TO THE PRINT TO THE PRINT						+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
son the son th	NO.	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	(6)	tage liven	Foi/we	nal disease or condition	GIVEN IN PART Ho		
ING PHYSICIAN: The law require of the other other of the other other of the other o	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PE	ERFORMED	200 AUTOPSY? 206. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO		
SICIAN: TE ng physicit certificate urial-transit tental Hygik		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	DAY YEAR	W INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)		
Or ottending After this can be as the burnorked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	ATION	CITY OR TOWN	COUNTY STATE		
220.1 certify the (1) (this hospital) attended the deceased from 10/22/35, 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10									
0 . 0 00 -		226. SIGNATURE FINAL PHYSICIAN'S NAME (1179)	An MD	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/28/85		
TO HOSPITAL of retained by the TO FUNERAL I should be detained with the State of IMPORTANT: If	22- 5	PATRICI URIAL, CREMATION, REMOVA	BARTA	23c NAME OF CEMETERY	Francis	Soft Key	Hospilal		
ВР	230.	Burial Burial	11/1/85	Cedar Hill	Cemetery	Anne Arunde			
DHMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR NAME 11 iam C. March	F/H West 430	0 Wabash Ave	(日本)	REC'D. BY REGISTRAR 256, REC	GISTRAR'S SIGNATURE		



STATE OF MARYLAND

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REG. NO.					

29512	0	FOR STATE REGISTRAR	DEPA		ALTH AND MENTAL HYG	REG. NO.	2835/
		DECEASED NAME FIRST	WIDDLE	FA	ST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
be ooth	5	Rober	t L.	Smith	Sr.	October 1	5. 1985 M
mo)	3.	SEX	4 RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Page 4 may be director, page 3 ours ofter death		Male	Black 9		4 10	75 YRS. MONTHS D	MONTHS DAYS HOURS MIN.
Pog hour hour	70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OR COL	
nerol n 72	5	COUNTRY) MD	USA	WIDOWED		Baltimore	City
e fu	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR	
by th	0	Baltimore	2817 Presb	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2817 Presbury St.		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired	
4 hour led in ld be	13	DUAL RESIDENCE (IF NURSING HOME B. STATE 13b CO MD	OR OTHER INSTITUTION GIVE RESIDENCE B UNTY 13c. CITY OR 1 Balti	TOWN 4	13d. INSIDE CITY LIMITS? YES K NO	13e.STREET ADDRESS / ZIP (2817 Presb	
1	-	FATHER'S NAME			15 MOTHER'S MAIDEN NA		dry 3t. 21210
	0	Charles	C. Smit		Virgin	WIDDIE	Greenfield
	160	WAS DECEASED EVER IN U.S.			17 INFORMANT	ADDRESS	Greentreid
e 200 E		(YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES) 217-22	-3424	Robert L.	Smith, Jr.	6724 Brompton Ro
AN: The low requires that the death certific obysticion. Incore has been signed by the ottending phritronsit permit. Then please remove corbanguity givene prior to buriol, cremotion, or remoil 18 shows any injury, or other traumatic ever	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNAFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) I CONDITIONS CONTRIBUTING 196 CONDITION FOR WH	EQUENCE OF TO DEATH BUT N	WAS PERFORMED	200 AUTOPSY? 206.	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YESNO
SICI.	/ Volume	(IF EITHER NOTIFY MEDICAL EXAMI	NER) P.M.	19			
offendi ter this s the bu	L SAN	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFF	ICE, FARM, ETC.)	211. LOCATION	CITY OR TOWN	COUNTY STATE
R. Af			spital) attended the deceased fro	omm	, 19	, to	, 19, that (I) (we) lost
prio prio for for of h		sow the deceased alive obove, (1) (we) (did) (did	not) view the body ofter death.	9, ond	that in (my) (our) opinion	deoth occurred on the date and	d hour and from the causes stated
the hos at DIRECTORY IN DIRECTORY TO DEPOTE TO DEPO		22b. SIGNATURE		ra o	EGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
TO HOSPITA etoined by TO FUNERA should be de with the Stot	1	22d/PHYSICIAN'S NAME (TYP	EORPRINT) PAT	(21° C)	22e ADDRESS	- And	
5 5 5 3 3	23	a. BURIAL, CREMATION, REMOVA	AL 23b. DATE	23¢ NAME OF CE	METERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		Burial	10/21/85	Loudo	n Park Ce	Baltimor	
DHMH - 16 60M 7/8 (VRA 15, 4)	4 24	FUNERAL DIRECTOR NAME Wm. C. March	F/H 4300 Wa	ESS	250 DAT	T 1 8 1985	GISTRAR'S SIGNATURE

	K	FUR	7/85 mt	b F#609	DEPARTMENT	STATE OF	MARYLAND H AND MENTA	AL HYGIENE		P3		0
62		STATE REGISTRAR					CERTIFICATI	2		0	ا د د	Ö
	I. DEC	CEASED NAME	FIRST		MIDDLE		LAST	20	DATE KNOWN		DAY YEAR	2b. HOU
5	() i e	Correnty	Severn		Ψ.	S	mith Jr.		OF ESTI-	X 10-2	28 19 85	13.53
3	SEX	4. RA		DATE OF BIRTH	YEAR 6. AGE	(IN YEARS IF U	NDER 1 YR. IF UN	DER 24 HRS. 20	DATE	MÖNTH	DAY YEAR	2d HOL
	-		ucasian		1926 5	YRS.	HOUR HOUR		DEAD	10-2		6:46 p.
7	FO	RTHPLACE (STATE OF	7	CITIZEN OF WH	AT COUNTRY?	8 MARI	IED NEVER M	ARRIED - 9	BALTIMORE CITY	OR COUNTY	OF DEATH	10.3
4		aryland		U. S.				ORCED X	Baltimore	city,	,	M
1	10. CI	TY OR TOWN OF DI	EATH		CILITY, GIVE STREET ADD		HER INSTITUTION	12a USUA FOR MO	L OCCUPATION (TY ST OF WORKING LIFE)	PE OF WORK	26 KIND OF BU OR INDUST	ISINESS RY
1		Baltimore		119 S. I	Broadway			1	nk.		unk.	
Į.	3a. S	TATE	13b. COUNTY		13c. CITY OR TO	WN	13d. INSIDE CITY LIMI		T ADDRESS			
Jb-	_	ryland			Baltim	ore			S. Broady	1ay #2	1231	
	14. FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S M		WIDDLE		LAST	
Ł	140 14	Severn /AS DECEASED EVE	DINIIIS ADAAE	T.	Smit		Mari	tha	ADDRES	c	berger	
ľ	1 Al	S, NO, OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES)							# 1	237
-		es	W.W.I		220-22-		Charles	S. Smit	h - 1231	Landov		
1		18 CAUSE OF DEA	WAS CAUSED B	one couse per line	far (a), (b), and (c).) Acut	e ethano Cardiova	lintoxi	gation		APPROXIMATI	T AND DEAT
			IMMEDIATE	C11000 (0)			Cardieva	ascular	Disease			
			12.1	DUE TO, OR	AS A CONSEQUE	NCE OF						
7		Canditions, if		(b).								
		cause (o) statin	ng the under-	DUE TO, OR	AS A CONSEQUE	NCE OF						17000
		lying cause las	1.	(c)								
1		PART 2 OTHER SIGNIFICA	ANT CONDITIONS CON	NTRIBUTING TO OEATH E	BUT NOT RELATED TO TH	IE TERMINAL OISEA	E OR CONDITION GIVEN	IN PART 1 to L				
	CERTIFICATION			Cl	ronic O	struct	ive Pulmo	onary Di	sease			
1	CAT	19a. DATE OF OPER	RATION	196. CONDIT	ION FOR WHICH	OPERATION V	AS PERFORMED?				20 AUTOPSY	?
	TE										YES 🗆	NOV
1	CER	21a. EXTERNAL CA		21b. TIME OF		YEAR 21c H	OW INJURY OCCU	JRRED (ENTER NAT	TURE OF INJURY IN ITEM 18	PART I OR PART	2)	433
1	CAL	UNDERLYING CONTRIBUTING	CAUSE OF DE			9						
-	MEDICAL	21d INJURY OCCU	RRED		OF INJURY (ATHO	ME. 21f LC	CATION					
1	¥	WHILE AT WORK AT	T WHILE	STREET, FACT	ORY, FARM, ETC.)	35	STREET		CITY OR TOWN	COUN	łTY	STATE
		7-19		14. /	- (h			W				
		/	1	of the remoins desc		an Auto		ection X.		nd in my opin	iion	
1		death resulted fro	Natural	egung XX	Acident	Suicide	Hamicide L		nined manner			
		ACTUAL / C	Durin	1.1/	mus	h Mi	TITLE (SPECIF)			DATE	10 20	0.5
7		SIGNATURE	- Coon	X	John 1	1 0000	Assista	MEDIC.	AL EXAMINER	DATE	10-29	-85
1	-	EXAMINER'S NAM	Denn	is F. Smy	th M D		111	Penn S	t., Balto	bM (2120	1
+	22 n Pi	(TYPE OR PRINT) _ JRIAL, CREMATION,					ADDRESSI	[23d. LOC		· · · · · · ·	2120	
1	15	PECIFY)		1/4/85				CITY OR	TOWN	COUNTY		TATE
1		Cremation		1/4/07	Green	Mount	Crematory	ATEREC'D BY P	ltimore.	ISTRAR'S SIG	Md	•
		orge A. W	ohom P.	ADDRESS	705 0	Ann OL					- National	NO.
	Cres	DIEG A. W	ener &	Sous Tuc.	-/07 5	ADD ST	- HERES	EXICULATION LICEL	Maked 13 M. A	42 BANK 125 W	The state of the s	ALPHON .

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Caberra A. Lieber - Jone Inc. 1925 B. Manist.

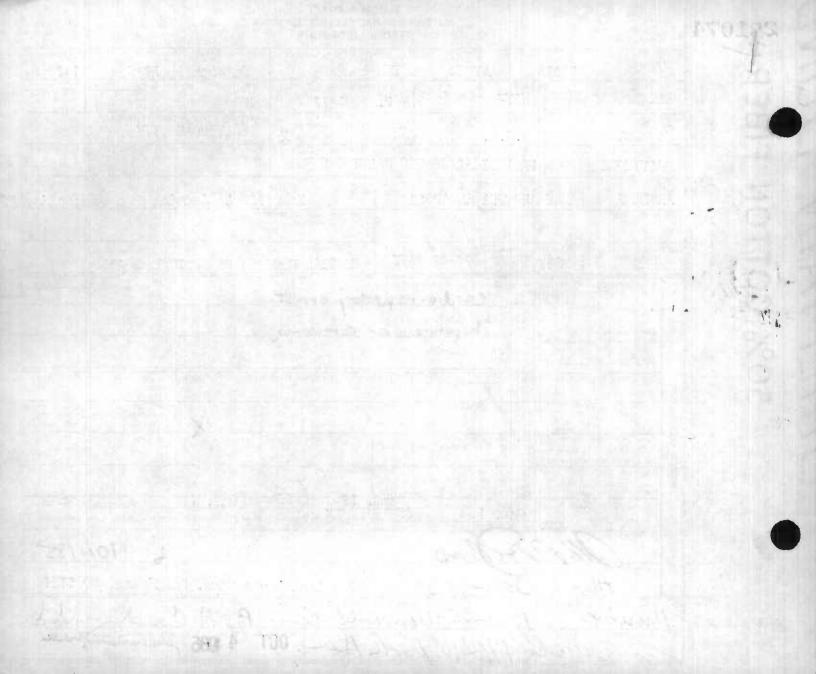
29803	17		FOR STATE REGISTRAR			DEPAR	TMENT OF	E OF MARYLAND TEALTH AND MEN FICATE OF DEA	NTAL HYGIE	NE S	2 8	3 5	7
y be	deoth	[TYP]		EIRST LIA		MIDDLE		MITH		0. DATE OF DEATH	10 20	0.40	1:04
ge 4 mo	ors after	3 SE	m		4. RACE	B	5. DATE O	DF BIRTH	YEAR 23	AGE (IN YEARS LAST BIR	THDAY) IF U MON		HOURS MIN.
deoth. Po	35		RTHPLACE (STATE OR F		u	WHAT COUNTRY	MARRIE		RCED 🗆	BALTINORE CITY C	-	Cety	M
201 rs ofter by the fa	Single with	1	BALTIMO	re	SOUTH	BALTIX	NOPLS	GEN HOS		2a USUAL OCCUPAT		126. KIND OU INDUSTRY	USINESS OR
AND 21:	ad plund be	130 5	AL RESIDENCE (# NURS	136 COUN	OTHER INSTITUTION ITY LTWN BRE	131. CITY OR TO		13d. INSIDE CITY	LIMITS?	30. STREET ADDRESS	ADENA	2/2:	30
ompletely	ond 2 s		HOW AK	5	MIDDLE	Sm/7	H	15 MOTHER'S MA	T	WIDDLE		BREO	KS
an ond on	S. Poges		VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	216-14-		17 INFORMANT	300	SI S. HANG		pny	r. MA
CORDS, 201 W. PRESTON W. requires that the death of been signed by the attendir	mir. Then please remove carl prior to burial, cremation, or any injury, or ather traumation	CERTIFICATION	Conditions, if ony, gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT	nediate g the lost	DUE TO, O	R AS A CONSEO	UENCE OF	HCM A	THE TERMIN	AL DISEASE OR CON	DITION GIVEN I		SUSED
ITAL RE I. The la sician.	ygiene par shows	ERTIFIC	210. ACCIDENT WAS UND	DERLYING [1 216. TIME O	F INJURY		121c HOW IN IUR	Y OCCUPPED	YES NO	IN CERTIFYING	G CAUSES OF	DEATH?
DIVISION OF V TENDING PHYSICIAN pital or otherding phy TOR: After this certific	or use as the buriot-frainty of Health and Mental Hy	MEDICAL C	OR CONTRIBUTING CHETTHER NOTIFY MEDIC 21d INJURY OCCURR WHIE NOTIFY MAT WOR 22e Certify that (1) Sow the decases above, (1)	AUSE OF DEA	HOUR A P 21e PLACE ((AT HOME STR	M. MONTH M. OF INJURY REET, FACTORY OFFICE e deceased from	19 E, FARM ETC)	211. LOCATION STREET	9.N	city or to	/20 19_	COUNTY , tho	STATE of (1) ool lost
TAL OR AT	opte Dept of		226 SIGNATURE	lonsi	NA	otter death		DEGREE ATTE	NDING	MEDICAL STAP	F	220 DATE SIC	
O HOSPIT eroined by	with the Shape		ACTONSO	, A.	atie			22e ADDRESS		movee s		Ltimox	- Mel
BP		(URIAL, CREMATION, P SPECIFY) BURI	AC	236 DATE 10-2	4-85 236	CED P	MC Hill	CEM.	23d. LOCATION SITY OR TOWN	naco;	MARS	YUAN
DHMH - 16 5 (VRA 15	OM 1/81 i, 4)	BI	INERAL DIRECTOR	REEN	F.H.	1912	W. B	ATTA. 57	OCT 2		sh REGISTRAR	S SIGNATURE	lell

238617 18 25 M / 18 18 THE STREET STREET, BUT AND STREET STREET, BUT STREET, Partie College in the said Berriel AND CAME OF THE PARTY OF THE PA THE RESIDENCE OF STREET, STORY -27. 1 2 1. C. 1.

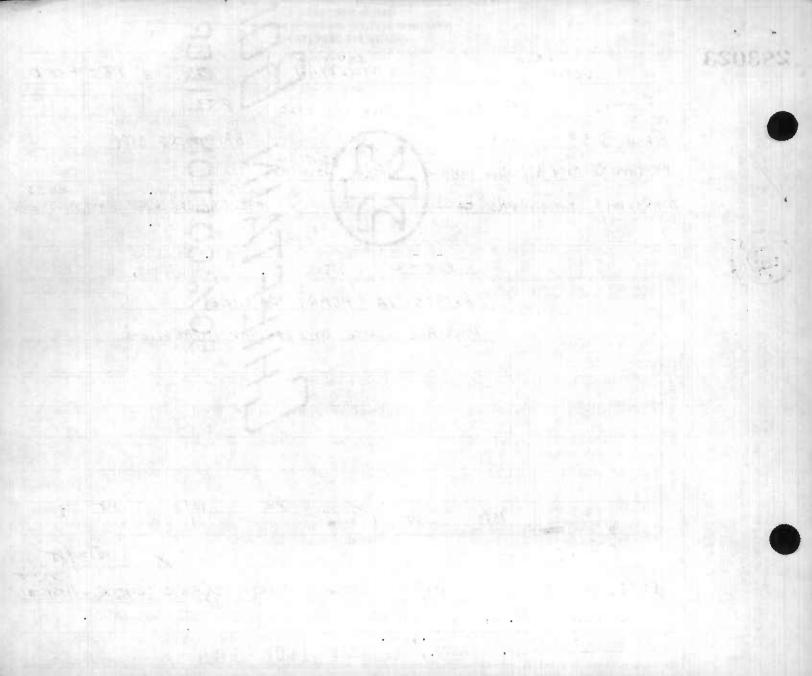
DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

281074	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 3 S	280	6 0
100		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	The Divise Of Berries	MONTH DAY YEAR	26. HOUR
\$ 1800 B		WILLI		SMITH To date of birth	October		1:10pm
octor of the state	MA I		4 RACE WHITE	NOON 8, 1917 YEAR	67	YRS MONTHS DAY	
10 miles 10		RTHPLACE (STATE OR FOREIGN COUNTRY) ZW YORK	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF		MD.
100	200	TY OR TOWN OF DEATH		ER BALTIMORE MD	120 USUAL OCCUPATION		O OF BUSINESS OR
36	13a S	AL RESIDENCE (IF MURSING HOME OR TATE 136, COUN ANNE	OTHER INSTITUTION GIVE RESIDENCE BEFORE ARUNDEL ANNAPOL	ADMISSION) 13d INSIDE CITY LIMITS? YES \(\text{YES} \(\text{NO} \text{X} \)	13e.STREET ADDRESS / 123 L Diet		nnapolis.
1 11 12	-	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA.			LAST
1 2		VAS DECEASED EVER IN U.S. AR	EWAR OR DATEST 07 A 07 C	1 00 00	ORDS VA MEDI		
		PART I DEATH WAS CAUSE	ly one cause per line far (a), (b), an D BY TE CAUSE (a) Cardio-			APPR 861WE	OXIMATE INTERVAL EN ONSET AND DEATH
that the deaph of the other din sease remove cost remove cost of cremotion, or other traumater of the other othe		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) Ne pato CC DUE TO, OR AS A CONSEQUE (c)	ellular Carcinoma			
signed Then plut to burn njury, o	NO.	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN PART	lia
has been permit sony of sony o	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO
CIAN. The physicic printing of transit and Hyginem 18 sheet and 18 she		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2	n
G PHYSIC strending er this cer the burio and Meni ked or the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	FARM ETC) 211 LOCATION STREET	CITY OF TOV	VN COUNTY	STATE
TENDIN dal or of OR. Ath pruse os t Health		22a I certify that K(this hospi	ot) attended the deceased from	Sept. 19 85 85 and that in XX (aur) apinian	death occurred an the da	19 85	that (* (we) last he causes stated
AL OR AT the hosp the hosp AL DIRECT detoched for ore Dept ore Dept		THE SIGNATURE	20 dino		MEDICAL STAF	F 1 10	TE SIGNED
retained by the retained by the TO FUNERAL should be determent to Funeral match the State.		Allen L	Dolla-, M.D.	3900 Loch Ro	aven Blud. B	saltimore,	MD 21218
₽P	23a E	BURIAL, CREMATION, REMOVAL	10-3-85 G	NAME OF CEMETERY OR CREMATORY	A J -	1 OLIVERUS	USTAT C
DHMH - 16 60M 7/84	24 FI	UNERAL DIRECTOR	1011111 , ADDRESS 1	/ // // 250 OC	F. PEC'D. BY REGISTRAR	PSIV REGISTRAR'S SIGN	Mindale.



	- STATE REGISTRAR		DEI AKTI		EALTH AND MENTAL HYO ICATE OF DEATH	REG. N	- Gove	0 0	0 1
	CEASED NAME FIRST LE	NA "	AIDDLE	L/	SMULLIAN,	2a DATE OF DEATH		DAY YEAR	26 HOUR
(TYP	VENA			Sn	nulliAN	00	1. 3	1985	4:50 K
3. SE	X 4.	RACE		5 DATE O		6 AGE (IN YEARS LAST BIR	RIHDAY	IF UNDER 1 YEA	
	FEMANG	como	ASIAN	JUL		85	YRS.	MONTHS DAYS	HOURS MI
	COUNTRY)	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
1	WASH. D.C.	USA.			-	BANTIM	5RE 0	VIV	
10 C	ITY OR TOWN OF DEATH	I. NAME OF H	OSPITAL, NURSIN	G HOME O	R OTHER INSTITUTION	12a USUAL OCCUPAT	ION		OF BUSINESS
6	myrimore city V	EVINTAVE	HEBRIN	GERIAT	RIO HOSPIAN	HOUSEWI	FE		HOME
	STATE 134 COLINE	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13601 AEORD			_
	MRYVANT BANK	YMMY	BALTI	MORE	YES XX NO	# 9XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	HXXXXXXX	KXXXXXXXXX
14. F		DDLE	LAST	16.1	15. MOTHER'S MAIDEN NA	WE	APT.		AST
	MAX		DAGURT		MOLL			SHER	RR
		WAR OR DATES)	16P 3dC84T 813T	1615		ILLIAM M. ADS			
	NO		LXXXXXXXXX	CXX	9 OJIBWAY RI	D. RANDAL	LSTOWN	, MD	21133
	Canditions, if any, which gove rise to immediate	(p)	100011311	NO.	WIE MYOCA	CATION TIME	100110	7	
ATION	cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	(c)		DEATH BUT I					
TIFICATION	underlying couse last	(c)	INTRIBUTING TO D	DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CON 200 AUTOPSY? YES NO	20b IF YES	, WERE FIND YING CAUSE	
ICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	196 CONDITIONS CO	INTRIBUTING TO D	DEATH BUT I	N WAS PERFORMED	200 AUTOPSY?	20b IF YES IN CERTIF YES	, WERE FIND YING CAUSE S	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	19b. CONDITIONS CO	INTRIBUTING TO D TION FOR WHICH: F INJURY M. MONTH DA	OPERATION Y YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b IF YES IN CERTIF YES	, WERE FIND YING CAUSE S	INGS USED
	Underlying couse last PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHER MEDICAL EXAMINER) 21d. INJURY OCCURRED WMILE AL WORK NOTHER OF ALL WORK 220. I certify that (this hospital saw the deceased alive an obove, (we) (did) (19b. CONDITIONS CO 19b. TIME OI HOUR A.A. 21b PLACE C (AT HOME STREET) 1) attended the	TION FOR WHICH	OPERATION Y YEAR 19 ARM ETC	211. HOW INJURY OCCUR 211. LOCATION STREET 19 d that in Tak (aur) apinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO	20b IF YES IN CERTIF YES IRY IN ITEM 18 P	county	SIATE . that ((we))
	Underlying couse last PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED WHILE NOT WHILE AL WORK 220-1 certify that (this hospital saw the deceased alive an obove, (we) (did) (3) 22b. SIGNATURE	19b. CONDITIONS CO 19b. TIME OF HOUR A.A. 21b. PLACE C (AT HOME STREET) 1) attended the house the body of the body	TION FOR WHICH	OPERATION Y YEAR 19 ARM ETC	216. HOW INJURY OCCUR 216 LOCATION STREET d that in the (aur) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO	70b IF YES IN CERTIFY YES	county	INGS USED SOF DEATH? NO STATE
MEDICAL	Underlying couse last PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINER 27d. I certify that (this hospital saw the deceased alive an obove, 9 (we) (did) (for examiner) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR P. BETRE LITA)	19b. CONDITIONS CO 19b. CONDITIONS CO 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME STREET) (at the body of th	TION FOR WHICH I	OPERATION Y YEAR 19 ARM ETC 1	211. HOW INJURY OCCUR 211. LOCATION STREET 19 d that in Tal (aur) apinion DEGREE ATTENDING PHYSICIAN 2226 ADDRESS VEYINAME HE	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred an the d MEDICAL STA	20b IF YES IN CERTIFYES	COUNTY 22c. DAT	SIATE . that ((we))
WEDICAL MEDICAL	Underlying couse last PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINER) 220. I certify that (this hospital saw the deceased alive an obove, 9 (we) (did) (1) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PERCENTAL OR PHYSICIAN'S NAME (TYPE OR PERCENTAL	19b. CONDITIONS CO 19b. CONDITIONS CO 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME STREET) (AT HOME STREET) view the body (3) RINT) 23b. DATE DCT. 4,	TION FOR WHICH I	OPERATION Y YEAR 19 ARM ETC 1 D AMME OF CE ETH JA	216. HOW INJURY OCCUR 216. HOW INJURY OCCUR 216 LOCATION STREET 19 d that in (aur) aprinion DEGREE ATTENDING PHYSICIAN [228 ADDRESS VELICIAN COB ANSHE VE	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC	20b IF YES IN CERTIFY YES	COUNTY 19 27 COUNTY 19 COUNTY 19 COUNTY state st	



318025

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21201

REGISTRAR		CERTIN	ICAIL OI DEATH	REG. NO	D.	
DECEASED NAME FIRST	WIDDLE	Ĺ	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
TYPE OR PRINT)	0	6	1/E/D	OCTOBER	30 . I	985 1:2
Proi		U K	CAD	0	4. 201	785 1.281
SEX	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	ER 1 YEAR IF UNDER 24 H
MALE	B	MONTH	7. 01 1919	66	YRS	DAYS HOURS N
BIRTHPLACE ISTATE OF FOREIGN	Th CITIZEN OF WHAT COUNTRY?	8.		9 BALTIMORE CITY O	R COUNTY OF DE	ATH
197711110	11 0 1		D NEVER MARRIED	1314	111100=	
JULGUIVIA	U.S.A.	WIDOWE				
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	120 USHAL OCCUPATI		KIND OF BUSINESS
CallIMORE	CHURCH HON	ME A	105pllal	METIRED		7001K1
SUAL RESIDENCE (IF NURSING HOME OF				1		2130
BO STATE 136 COUP	VIY CITY OR TOW	VN	136 INSIDE CITY LIMES	130 STREET ADDRESS	ZIP CODE	IN ST
Variation	pac/11/10	RE	YES NO	130 N.	CEX1106 10	W 0/.
FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		LAST
IINK	noun		Uczgin			(A.SI
WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADDRE	SS	21201
(YES NO OR UNKNOWN) (IF YES GIV	VE WAR OR DATES)		B. MCKINNE	W 755 1	1. LEXING	
96-			201111110	7		
18 CAUSE OF DEATH Enter or	nly one couse per line for (a), (b), ar	nd rest				APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART I. DEATH WAS CAUSE	TE CAUSE (a) UREM	1A	UREMIA			
MMEDIA	E CAOSE (d)					
Market Land	DUE TO, OR AS A CONSEQU	ENCE OF	111 DILLATIN	DE MIL P	SANNED	
Canditians, if any, which gave rise to immediate	(b) /KAN)	1100	AL CANCER	01 1/10 Da	NUMER	
cause (a), stating the	DUE TO TRANSTED	ONAL	CANCER	OF THE BL	ADDER	
underlying cause lost.	(6)				. IDDBK	
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERA	AINIAI DISEASE OD CONI	DITION CIVEN IN	DADT I
Z .	CHETTONS CONTRIBUTING TO	DEATH BUT	NOT KELATED TO THE TERM	AINAL DISEASE OR CON	JIION GIVEN IN	PARI 110
2						
190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
				YES T NOT	YES T	NO I
210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21E HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART LOR	(PART 2)
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR				
(IF EITHER NOTIFY MEDICAL EXAMINE		19				
21d INJURY OCCURRED	21e PLACE OF INJURY	£ 4 5 4 . £ 7 € 3	211 LOCATION	CITY OR TO	WN CC	DUNTY STATE
WHILE NOT WHILE AT WORK	TAT HOME STREET, PACTORY, DEFICE,	FARM, ETC]	1	OCTO	DREB 30	1985
	as Discussed all and a second 4 - C	CTOB	CR XX 188522	- <u>MMOOP</u>	SEEK VE	4 4 4 9 8 4 ×
saw the deceased alive an	oftended the deceased from QCTOBER 3019	85	JIC MILLONGS	, ta	1212121244125	PARAFARAN (we)
above, (I) (we) (did) (did no	it) view the bady after death.	, ar	d that in (my) (aur) apinion	death occurred an the do	ite and have and f	ram the causes stated
226 SIGNATURE			DEGREE		27	C. DATE SIGNED
J. m.	-22	m	ATTENDING	MEDICAL STAF		
27d PHYSICIAN'S NAME THE	DE PRINTL	, , ,	100- 4000555	DIRECTOR PHYSIC		
, L., M. J	HMAMOY M.D.	11 0	CH	URCH HOSI	PITAL	111 7 1-

BP.

TO FUNERAL DIRECTOR: After should be detached for use with the State Dept. of Heal

DHMH - 16 60M 7/84 (VRA 15, 4)

and Mental Hygiene prior

18 sh

MPORTANT.

230 BURIAL, CREMATION, REMOVAL 23b. DAT 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION



DEMATNE FUNERAL HOMES, INC ATEXANDRIA, VA 22314

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



									ARYLAN							
			FOR STATE				MENT OF HE				YGIENE	in .	9	8 .	6	4
000	200-		REGISTRAR		MED	DICALI	EXAMINE	R'S C	ERTIFIC	CATEO	FDEAT	H	REG. N	0.		
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	IECESSARY, PLEASE INVERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS. PRESTON STREET.	FC FC	RTHPLACE (76. CITIZEN OF WH	AT COUN	ITRY?	MARRIE	D DINE	ER MARRI	ED L			_	OF DEATH	
	720 >	5	CAR	OLINA	05	H	V	VIDOWE	D O	DIVORCE	ED 🗆	Balti	<i>imore</i>	City,		MD
25-0	AY IST	10 CI	TY OR TOWN	OF DEATH	11 NAME OF HOSE (IF NOT IN SUCH FACE	PITAL, NUI	RSING HOME, C	OR OTHE	RINSTITUT	TION		L OCCUPA		E OF WORK 1	NO NIND OF B	
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		Baltin	more	Universi	ty H	ospital				FOR MC	ST OF WORKI	NG LIFE)		OK INDUS	IKI
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60	30310	1	18 CAUSE	OF DEATH (Enter only	one couse per line	for (o), (b)	, and (c).)								APPROXIMA BETWEEN ONS	
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75	CATE S HE WO THE O TO BU	1 8		AL CAUSE WAS	21b. TIME OF HOUR A.M.		DAY VEAD	21c. HO	W INJURY	OCCURRE	D LENTER NA	TURE OF INJUR	RY IN ITEM IB	PART I OR PART	2)	
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	NER: THIS CER CATE, WRITIN FORWARDED OR: PAGE 3 S THE STATE DEP IND, 21201 PR		22a I cert	ify that I took charge				Autopsy	/ Ц. .	Inspection	<u>X</u> .	Inquiry	,or	id in my opir	non	
1	20 5-8		death resul	ted from: Nature	l couses .	Accident	X, Suicie	le 🔲 ,	Homic	ide .	Undeter	mined man	ner .			
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	NEW STATE				00									5101125		
	MUNICAN SERVICE	1	(TYPE OR PR	INT) Grec	ory R. Ka	uffm	an, M.D.	•A	DDRESS	11	1 Pen	n St.				
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE A SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYL	23a. B	JRIAL, CREMA	ATION, REMOVAL 23	b DATE	23c. N	NAME OF CEME		CREMATO	RY	23d LOC	ATION	60			
07/84	BP	15	B1	RIAL	10-755	56	ARRIS	1	FORE	2111	3 CITY OF	ATT.	map	COUNT	napy	(ANI)
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😂 CERTIFICATE OF DEATH

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١		REGISTRAR			CEKTIF	ICATE OF D	EATH	RE	EG. NO.		
ı		EASED NAME FIRST		MIDDLE	l	AST		20. DATE OF DEA	ATH MONTH	DAY YEAR	R 2b. HOUR
ı	(TYPE	CHRIS	TIAN		SNYD	ER		OCTOBER	10. 198	35	9:05A M
1	1. SEX		4 RACE		5. DATE C			6. AGE (IN YEARS L		IF UNDER 1 YE	EAR IF UNDER 24 HRS
ı		Male		ite	MONTH 2	7	26	59	YRS		
4	C	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER A	ARRIED -	9. BALTIMORE C	ITY OR COUN	TY OF DEATH	1
d	2	Maryland	U.S	.A.	WIDOWE		ORCED	BALTIMOR	RE CITY		MD.
-	/	LTIMORE	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET A TOHNS HOPE	ADDRESS)			TYPE OF WORK FOR Chiropr	MOST OF WORKING	UFE) INDUST	D OF BUSINESS OR RY OWN NESS
1	USUA 13a, S	AL RESIDENCE (IF NURSING HOME	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			Lie expect appr	200 / 710 00	25	
4	M	aryland A	.A.	Glen Bur	nie	13d. INSIDE C	NO 🔀	136 STREET ADDI			51
	II FA	THER'S NAME FIRST	WIDDLE	LAST			MAIDEN NA		DDIE		LAST
(/	Christian	G.	Snyde	er		Kather				Horvath
7		VAS DECEASED EVER IN U.S.	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	A	ADDRESS			
-			WII	216-20-8	3146	Margar	et Mary	Snyder	106 All		
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY:									ROXIMATE INTERVAL EEN OPSET AND DEATH		
١			DIATE CAUSE (a)	CAROLO	RESP	IRATOR	y AR	RESI		1	0110182
1		A STATE OF THE STATE OF	DUE TO, O	R AS A CONSEQUE		<i></i>	, , ,	. 4.		0	112/20
	14.0	Canditions, if any, which gove rise to immediate	(b)_	ANO	xic	ENCO	suale,	saruy		-4	13/05
ı		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF	4	hans	Dissee	tions	91	112/25
		DART 2 OTHER SIGNIFICAN	(6)	775 C	Nex	NO) //	DATE			DVF-1101040	10,00
	NO	INFERSOR M	YOCATOLIA	1 Dufor	che	A A		enal disease or			1 110
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	40	9	RMED	20a AUTOPSY			DINGS USED SES OF DEATH?
	RTIF	9/13/85	170		SECI			YES NO		YES []	NO 🗌
1		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			Y YEAR	71c. HOW IN	JURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM T	3 PART I OR PART	2)
	MEDICAL	(IF EITHER, NOTIFY MEDIC ALEXAM			19	*** + O.S. + T.I.S	× × × × × × × × × × × × × × × × × × ×			1000	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	711 LOCATIO)N	CIT	Y OR TOWN	COUNTY	STATE
		AT WORK AT WORK	5 b 1 1 d		9-	12	80	- //	0/10	80	
	Ġ.	220.1 certify that (1) (this has saw the deceased alive above (1) we) (did) (did	10.1.		The same		(aur) apinian	death occurred an	71-	aur and from	the causes stated
		above (1) we) (did) (did 27b. SIGNATORE	I nat) view the Body	after death.		DEGREE					ATE SIGNED
		Due	and 6/1	leele	MUS	. A	TTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	14	0/10/85
		27d PHYSICIAN'S NAME (TY	PE OR PRINT)			27e ADDRES	5		7		7/22 -
		JAVID +	resher	MD		6011	1. BRUM	dwry	BALTO,	mal	LIZOS
		URIAL, CREMATION, REMOV				EMETERY OR C		23d. LOCATION	WN	COUNTY	STATE
		Burial	10/14	/85 Mea	adowr:	idge Me		Elkrid	lge Hov		Maryland
		INERAL DIRECTOR		ADDRESS		21229		E REC'D. BY REGIS	TRAR 256 REGI	STRAR'S SIGN	NATURE
	H	lubbard Funera	1 Home, I	nc. 4107	Wilke	ens Ave	· DC	7 4 100		g ,	S

DHMH - 16 50M 4/83 (VRA 15, 4)

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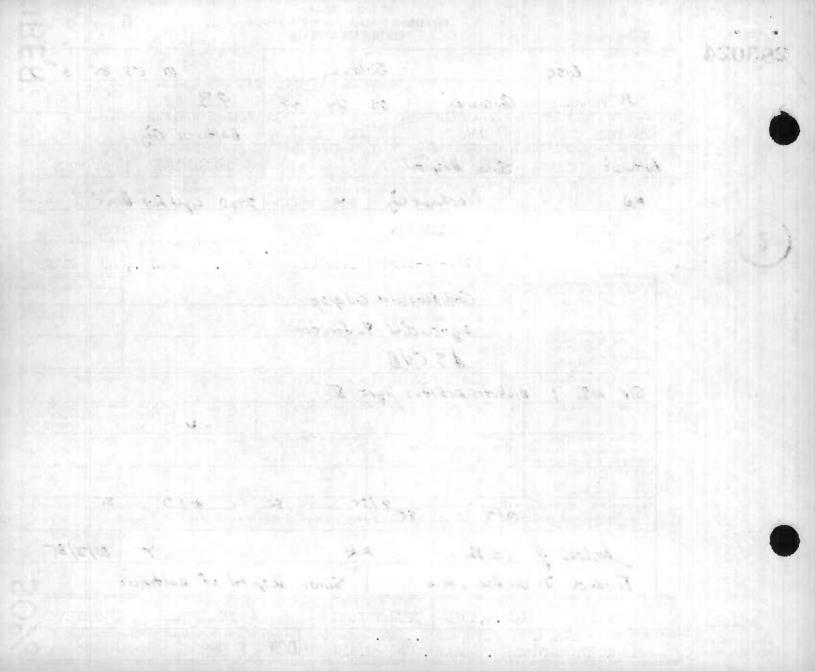
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.

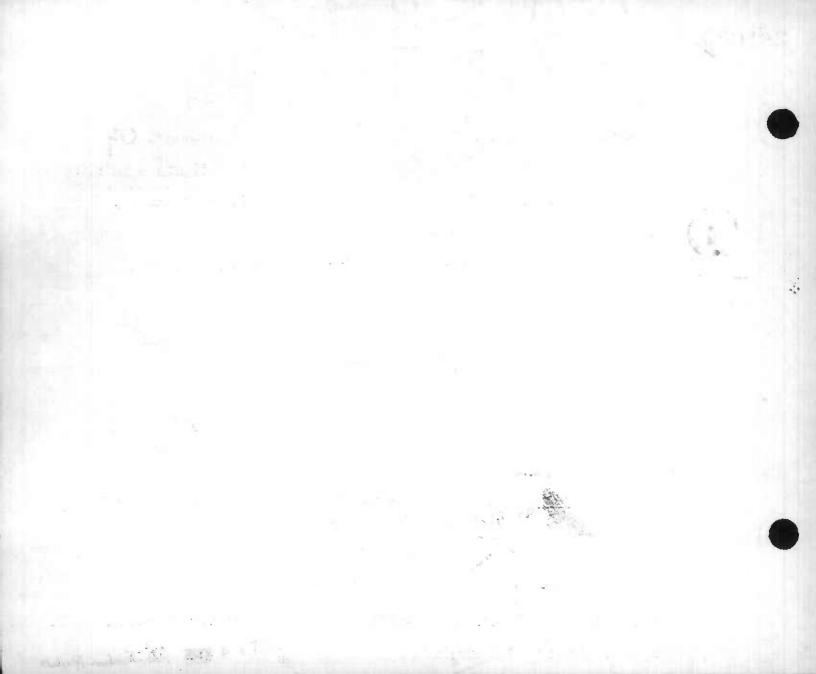
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

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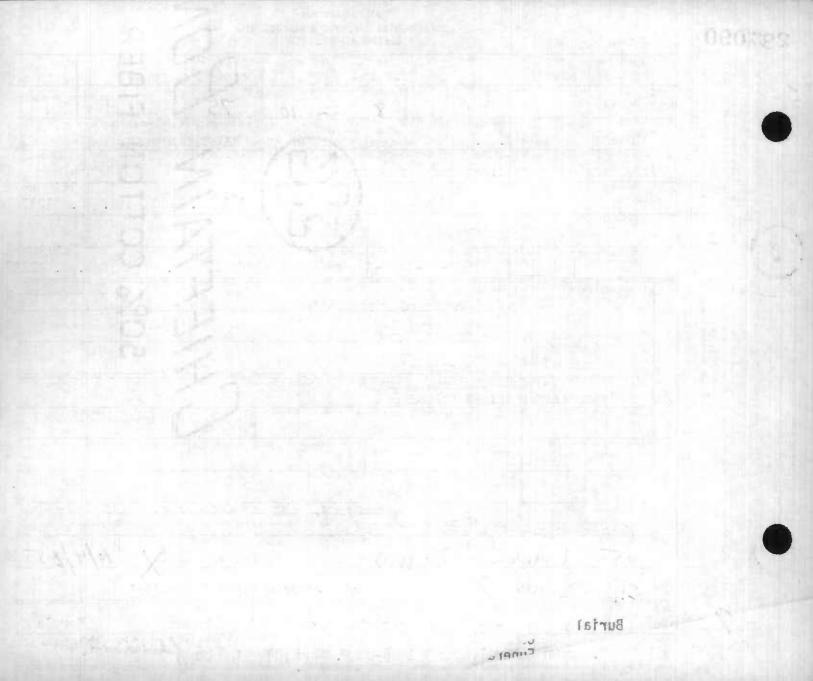
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

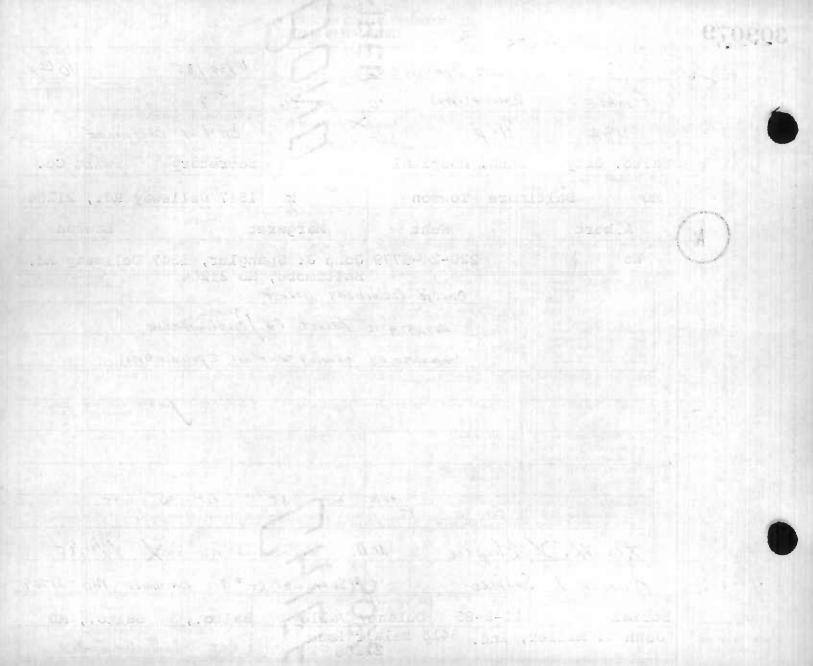
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		REGISTRAR		CERT	IFICATE OF DEATH		REG. NO)		
		EASED NAME FIRST	WIDDLE		LAST	2a [DATE OF DEATH		YEAR	26 HOUR
1	(TYPE	ORPRINT) MINNI	E	SPAL	Y	00	CTOBER 4,	1985		3:10 am
1	. SEX		4 RACE		OF BIRTH		GE (IN YEARS LAST BIRT	HDAY) IF	FUNDER TYEAR	IF UNDER 24 HRS
		Female	Black	~~	DAY YEAR		75	YRS.	ONTHS DATS	HOURS MIN,
17	a. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	IED X NEVER MARRIED	9 BA	ALTIMORE CITY OF		OF DEATH	
a		Alabama	U.S.A	WIDO		6	BALTIMOR	E CITY		MD.
3		TY OR TOWN OF DEATH ALTIMORE		Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION		USUAL OCCUPATION OF WORK FOR MOST OF			OF BUSINESS OR
5	120 S	AL RESIDENCE (IF MURSING HOME OF TATE 136 COUP	13c. CI	SIDENCE BEFORE ADMISSION IY OR TOWN City	13d INSIDE CITY LIMITS YES NO	S? 13e S	TREET ADDRESS N	zip code orth a	Ba eve. Ma	altimore d. 21217
0	4 FA	THER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN	NAME	WIDDLE	37	LAS	51
		VAS DECEASED EVER IN U.S. AR		2-28-0457-	30	c Spa	dy 1216 W		h ave	Baltimor .Md. 2121
		18 CAUSE OF DEATH Enter or PART 1. DEATH WAS CAUSE IMMEDIA! Canditions, if any, which gave rise to immediate cause (a), storing the underlying cause last.	D BY: TE CAUSE (0)	rdiopulmon consequence of ptic Shock consequence of		2				IMATÉ INTERVAL ONSET AND DEATH
	CERTIFICATION	PART 2 OTHER SIGNIFICANT (ntestinal l	Bleeding	UT NOT RELATED TO THE T		DISEASE OR COND	20b. IF YES,	WERE FINDI	NGS USED
4	TIFIC					YI	ES NO	IN CERTIFY:	ING CAUSES	NO [
7		21a ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. M	RY NONTH DAY YEA 19		CURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT I OR PART 2]	
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ	URY TORY, OFFICE FARM, ETC.)	211 LOCATION STREET		CITY OR TOV	VN.	COUNTY	STATE
		22a.1 certify that X (this haspe sow the deceased alive an		1, 19 85	ember 9, 19 8 ond that in (my) (our) opin	nian deoth	occurred on the do	te and have	and from the	
-		22d PHYSICIAN'S NAME (TYPE C	R PRINT)	Dung	ATTENDING PHYSICIAN 220 ADDRESS		EDICAL STAF		/0/C	1/85
1		FRIEDMA	-		c/o Maryla			spital		
	(urial, cremation, removal SPECIFY) Burial	10-9-85		cemetery or cremator		Baltimor	e		Maryland
		111am C. Brown	Community Funeral Ho	me 1206-	-08 W. North	CT CT	9 1985	AL REGISTRA	AR'S SIGNA	William ?

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

DHMH - 16 60M 7/84 (VRA 15, 4)





DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 302063 REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TY 2b. HOUR (TYPE OR PRINT) OF ESTI FRAL DIRECTOR.
YOUR FILES.
THIN 72 HOURS E. DEATH MATED 10-23-85 CHRISTOPHER SPEID 4 RACE IF UNDER TYR 2d. HOUR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 10-23-8510 10:504 DEAD Male black 8 1985 9. BALTIMORE CITY OR COUNTY OF DEATH D BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City Md WIDOWED [DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS Sinai Hospita Unemployed Baltimore SUAL RESIDENCE (IF IN NARSING) OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 21207 30 STATE Sh COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3603 Bowers Avenue Apt A Md Baltimore YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Unknown Speid Joan 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS IYES, NO. OR UNKNOWNI (IF YES, GIVE WAR OR DATES) Joan Speid 3603 Bowers Avenue No Apt N/A APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden infant death syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL STATE DEPARTMENT O , 21201 PRIOR TO BUR YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FORWARDED TO THE OR: PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE Autopsy 220 I certify that I took charge of the remains described obave, held an Inspection and in my opinion Inquiry deoth resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) DATE SIGNED 0-24-85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial COUNTY Md Lorraine Park Cemetery 10/26/85 Baltimore 07/B4 BP 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** William C. March F/H Inc West 4300 Wabash Ave (VR A15 ME (5))

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311135	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 2 8 5 7 5 REGISTRAR CERTIFICATE OF DEATH REG. NO.
nay be	1. DECEASED NAME FIRST MODIE Stamps 20. DATE OF DEATH MONTH DAY, YEAR 26. HOUR LIVE OR PRINT) 10 24 85 65 pm
age 4 mc	3. SEX 4. RACE 5. DATE OF BIRTH MONTH 1. DAY 1. D
death. P	Thd. USA WIDOWED DNORCED Baltimore City MD
201 by the	Balto Rey Circle Maspice Thousewife Homemaking
AND 21	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 134 INSIDE CITY LIMITS? 136 STREET ADDRESS 7719 Wilson Ave. 21234
makyl, ma	Robert Stamm Clipbleth Middle Cawlinshine
BALTIMORE OF THE PROPERTY OF T	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-50-2684 II Joan E. Pistoria 7719 Wilson Ave. 21234
STON ST.,	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond part I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Congestive Court facilities DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b)
ol w.	gave rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF
ORDS, 2: requires sen signe t Then pi or to bur ior to bur	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0
TALREC The law icion. The has be signered printered.	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1200. ACCIDENT WAS UNDERLYING 1210. TIME OF INJURY 1210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS. PART 1 OR PART 2)
N OF VI	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
DIVISION PHY ING PHY retained wifer this as the bust the ond M though and orked or	AT WORK AT WORK
ATTENDI ospital or CCTOR: A d for use 1. of Heol	22e Lectify that (1) (this hospital) attended the deceased from 10 - 20 19 - 27 to 27 19 8 , that (1) (we) last saw the deceased alive an 27 19 8 , and that in (my) (aur) opinion death occurred an the date and hour and Iram the causes stated above, (1) (we) (did) (did not) view the body after death.
PITAL OR A by the hos by the hos ERAL DIRECT or detached State Dept.	276. SIGNATURE SIGNATURE DEGREE ATTENDING MEDICAL STAFF 10 25 85
TO HOSPITAL retoined by the TO FUNERAL should be detroined by with the Store with the Store IMPORTANT: 1	E. Ellsworth Cok MD 2431 Md. are Balto. Md 21218
BP	236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY BUTIAL 10–28–85 Baltimore Cemetery Baltimore County Baltimore Md.
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FUNERAL DIRECTOR 1 401 Bel ME Rd., 250 DATE REC'D. BY REGISTRAR'S SIGNATURE NAME LASSIGN Funeral Home BALTO. MD. 21236 UUI 30 1885 Julia Buildington Royales

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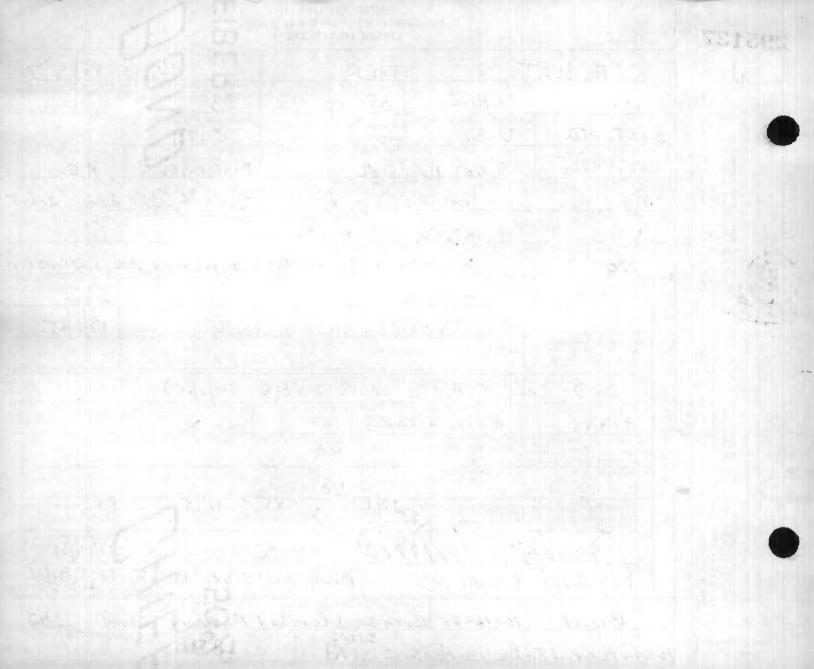
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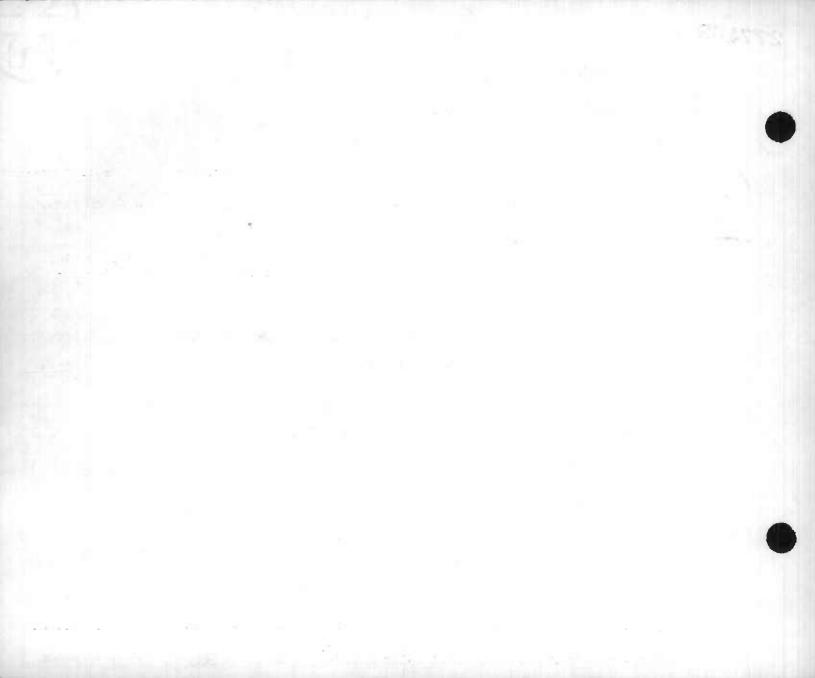
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deorh deorh		ORPRINT) ALBER					MONTH DAY YEAR 10 15 85	5 PM
ge 4 mo	3. SEX		4. RACE S. DATE OF BIRTH MONTH DAY YEAR 03 02 02			6. AGE (IN YEARS LAST BIRTHDAY) 8 3 YRS. IF UNDER 1 YEAR IF UNDER 24 HRS. MONTH'S DAYS HOURS MIN.		
nerol din 72 hou	70. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) ALT, MD.	MARRIED NEVER MARRIED WIDOWED DIVORCED			9 BALTIMORE CITY OR COUNTY OF DEATH CITY MD		
by the full filled with	BATMULE		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SUMMER TO SPITAL			120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKINGLIFE! INDUSTRY BYSIMSS MAN R.E.		
AND 212	USU, 13a S	AL RESIDENCE (IF NURSING HOME OF		E BEFORE ADMISSION)	134 INSIDE CITY LIMITS? YES NO [ZIP CODE NE,	2121
MARYL,	14 FA	ATHER'S NAME FIRST LUULS	MIDDLE STANK 15. MOTHER'S MAIDEN N FIRST TENDUITS			MIDDLE LAST		
		VAS DECEASED EVER IN U.S. AR YES, NO ORIVINION (IF YES, GI	RMED FORCES? 166 SOCIAL 218-0	1 SECURITY NO.	Morton Star	K Harper Ho	use, Village of	
AL OR ATTENDING PHYSICIAN: The low requires that the dean and the hospital or ottending physician. The low requires that the other dean and the hospital or ottending physician below. The LORECTOR, After this certificate has been signed by the other deposition of the other detached for use as the buriol-transit permit. Then please remove combination detached for use as the buriol-transit permit. Then please remove comparing the Dept. of Heolith and Mental Hygiene prior to buriol, crematic and mental II. If them 21 is marked or them 18 shows any injury, or other frounding that		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (a), ED BY: ITE CAUSE (a) 5095	161, and (c).1			APPROXI BETWEEN O	MATE INTERVAL DISET AND DEATH
		Conditions, if ony, which gove rise to immediate		EBROVA	scum sc	CIDETT	10/1	85
		couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION		NOT RELATED TO THE TER	MINAL DISEASE; OR CONI	DITION GIVEN IN PART 110	
	CERTIFICATION	PART 2 OTHER SIGNIFICANT	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS USED
	ERTIFI	9 6 85	AMTIC S	5) KNOSI		RRED (ENTER NATURE OF INJUI	YES 🗌	NO 🗌
	47	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR	NA	The state of the s		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, (OFFICE, FARM, ETC.)	211. LOCATION STREET	CTTY OR TO	WN COUNTY	STATE
		sow the deceased alive or obover (1) (we) (3) (did no	oital) ottended the deceosed in 10/15 ot) view the body ofter Jeoth	and the same of	nd that in (my) (our) apinion	n death occurred on the do	te and hour and from the	that (I) (we) lost couses stated
		226 SIGNATURE	m/ /w	MY		MEDICAL STAF	FF 10/15	SIGNED /85
TO HOSPITAL TO FUNERAL should be deterwith the Store		PAYSICIAN'S NAME (TYPE OENEW DE			PULM. DIV.	1	ISI. OF BALT	215
BP		BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	10-16-85	Beth J	emetery or crematory	Y FINKSberra	q Carroll	Nongham .
DHMH - 16 50M 4/83 (VRA 15, 4)		LINERAL DIRECTOR	LUTOR HAR RO	Dates	1208 25a DA	ATE REC'D. BY REGISTRAT	ISB REGISTRABUNDAT	JNE .





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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours off
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ECC	30
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	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2 8	3/6			
	1. DECEASED NAME (1YPE OR PRINT) JC	hn	P	St	arry		MONTH DAY	0.00			
5	3 SEX Male	1 RACE Wh	ite	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR IF UNDER 34 HRS			
1	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY? B MARRIED NEVER MARRIED			Baltimore City Baltimore City MD.					
2	Baltimore	(IF NOT IN SUCI	OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SUCH FACILITY, GIVE STREET ADDRESS) PERSITY HOSPITAL 21201			(TYPE OF WORK FOR MOST O	E WORKING LIFEL	12b. KIND OF BUSINESS OR INDUSTRY Museum of Art			
3	OSUAL RESIDENCE (IF NURSING HI 130 STATE 13b Maryland		GIVE RESIDENCE BEFORE 136 CITY OR TOWN Baltimo	1	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 1237 West	DRESS / ZIP CODE est 37th Street 21211				
0	Henry	\mathbf{L}_{ullet}	Starry		15 MOTHER'S MAIDEN NA. FIRST Margaret	M.		Jacob			
1		S. ARMED FORCES? YES GIVE WAR OR DATES! WW II	214-14-3		Mr. Norman H	ADDRE 40 I. Starry Rd		ammonds Ferry thicum 21090			
	18 CAUSE OF DEATH IER PART I DEATH WAS C	nter only one cause per CAUSED BY: NEDIATE CAUSE (0)	Capdiac	are	st / Liver fo	ailure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	Conditions, if ony, whi gove rise to immedia couse (a), stating to underlying couse la	ich (b)	AS A CONSEQUE Chloangion AS A CONSEQUE	carci	noma_			9 months			
		ANT CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 110			
9	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYN	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS USED NG CAUSES OF DEATH?			
7	210. ACCIDENT WAS UNDERLY	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18.									

DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
			YES NO	YES	NO 🗆			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2)						
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19							
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OF TO	wn COUNTY	STATE			

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN X

220 ADDRESS University of Marilo

PHYSICIAN 10-10-85 maryland Hospital

22c DATE SIGNED

5. Marshall md

23c NAME OF CEMETERY OR CREMATORY

22. S. Greene Street Baltimore, Md REMATORY 23d LOCATION COUNTY STA

230 BURIAL, CREMATION, REMOVAL (SPECIFY Burial

226 SIGNATURE

10/14/85

23b. DATE

New Cathedral Cem.

DEGREE

Baltimore county

Maryland

DHMH - 16 60M 7/84 24 FUNERAL DIRECTOR

should be detached for use as the burial-transity with the State Dept. of Health and Mental Hygiei

TO FUNERAL DIRECTOR. After

BP.

IMPORTANT, If them 21 is marked or them

(VRA 15, 4) A. Ala

MEDICAL

A. Alan Seitz, Jr. 3818 Roland Ave. 21211

OCT 1 4 1885

BALTIMORE, MARYLAND 21201 should be detoched for use as the buriol-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MAKILAND	-
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E)
CERTIFICATE OF DEATH	

1

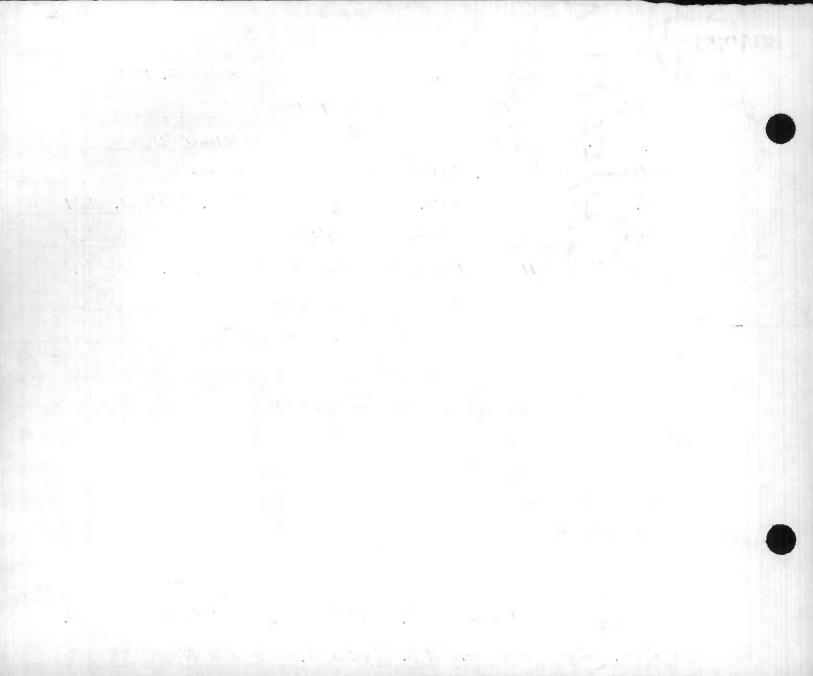
	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2 2 3									
		CEASED NAME FIRST		IDDLE	L	AST	20 DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR		
2	(TYPE	OR PRINT) Fre	ink	L.	S	tasuk	Octob	per 25, 1	985	M		
	3. SEX	(4. RACE		5. DATE C	OF BIRTH	& AGE (IN YE	# UNDER 24 HRS				
		Mule	White		Dece	mber 12 1920	64	YRS	MONTHS DAYS	HOURS MIN.		
-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMOR	E CITY OR COUN	TY OF DEATH			
1		Md.	USA		WIDOWE	-	Baltin	none City		MD.		
0		TY OR TOWN OF DEATH		OSPITAL, NURSIN FACILITY, GIVE STREET Castle	ADDRESS)	OR OTHER INSTITUTION				OF BUSINESS OR		
F	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		Batto.		13d. INSIDE CITY LIMITS? YES NO	13e STREET A	poress / zip co	DESt. 212	231		
0		icholas	MIDDLE	Stasuk	2	15. MOTHER'S MAIDEN NAM	ME	WIDDLE	Goral	iki		
	160 WAS DECEASED EVER IN U.S. AR			166 SOCIAL SECL	JRITY NO.	17 INFORMANT		ADDRESS				
	()	yes no or unknown)	VE WAR OR DATES)	710-09-5	5908	Josephine S	tasuk	326S. (astle St	MATE INTERVAL ONSET AND DEATH		
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0-										
	NOI											
4	CERTIFICATION	19a DATE OF OPERATION	196. CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	IN CER	'ES, WERE FINDI TIFYING CAUSES YES 🏻	NGS USED OF DEATH?		
7	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.A	A. MONTH D	AY YEAR	21c HOW INJURY OCCURR						
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY SET, FACTORY, OFFICE, I	FARM, ETC]	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE		
		22a.1 certify that (1) (this hosp saw the deceased alve o obove, (1) (we) (did (1) did n	Oct	12 19	85,01	nd that in my (aur) apinion (death accurred	on the date and h	aur and from the			
		224. SIGNATURE	es E	Tey	let	MO ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	10 DATE	SIGNED 82		
1		Thomas	E	Ten	(el	_ /	eene	5t. [Baltim si	e Ma		
		Burial Burial	236. DATE 10-29-		t. Sto	emetery or crematory inishus (em.	Bare	timore	COUNTY	Md. STATE		

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Hem, 18 shows ony injury, or other troumotic event, the

24 FUNERAL DIRECTOR Weber & Sons Inc. 4875 S. Chester St.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
ULI 29 1985 wie webs com sperphets



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTII	ICATE OF DEAT	REG. NO				
DECEASED NAME FIRST	MIDDLE		LAST	T	20. DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE OR PRINT) Bernice		Sterr	ett		October	20.	1985	N
SEX	4 RACE	5. DATE (OF BIRTH	6	AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	Black	MONT 4		23	62	YRS	MONTHS DATS	HOURS MIN
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARR	IED T	BALTIMORE CITY O	R COUNT	Y OF DEATH	
North Carolina	U.S.A.	WIDOW			BALTIMOR	E CI	TY,	MD
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		OR OTHER INSTITUT		120 USUAL OCCUPATION			OF BUSINESS OR
BALTIMORE	5907 WALTHE	RAVENUE			Unemploy	yed	THE INDUSTRY	
Maryland 136 COUR	NTY 13t CITY OR	TOWN TOWN	13d INSIDE CITY LI		36 STREET ADDRESS / 822 Wilber	ZIP COL	enue 212	212
Sylvester	Robin		15 MOTHER'S MA	IDEN NAM	WIDDLE		LAS	51
60 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	SS						
60 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GI	218-1	8-8675	ett 822 Wi	1ber	t Avenue	9		
18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one cause per line for ia), (I ED BY TE CAUSE (a)	b), and c	Carain	~ ./	net tic		BETWEEN 2	ONSET AND DEATH
PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS		NOT RELATED TO 1	THE TERMIN	VAL DISEASE OR CONI	DITION G	IVEN IN PART TI	0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	D	200 AUTOPSY? 200 IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DI			
OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	IY IN ITEM TE	PART : OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINE) 21d IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 1 NORWHILE NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE FARM ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	10110	19, 0		opinian de	, ta oth occurred on the do	te and ho		
22b. SIGNATURE	IN		DEGREE ATTEN PHYS 122e ADDRESS	DING ICIAN	MEDICAL STAF	F IAN []	70	122/85
GARY	Coller		711 W	1.4	OD ST.	1	ALTI	2/2//
230 BURIAL, CREMATION, REMOVAL	23b. DATE		emetery or crem on Forest		Owings Mi	110	COUNTY	Md. STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm C March F/H Inc. 1101 East North Avenue 250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE OCT 25 1985

DHMH - 16 60M 7/84 (VRA 15, 4)

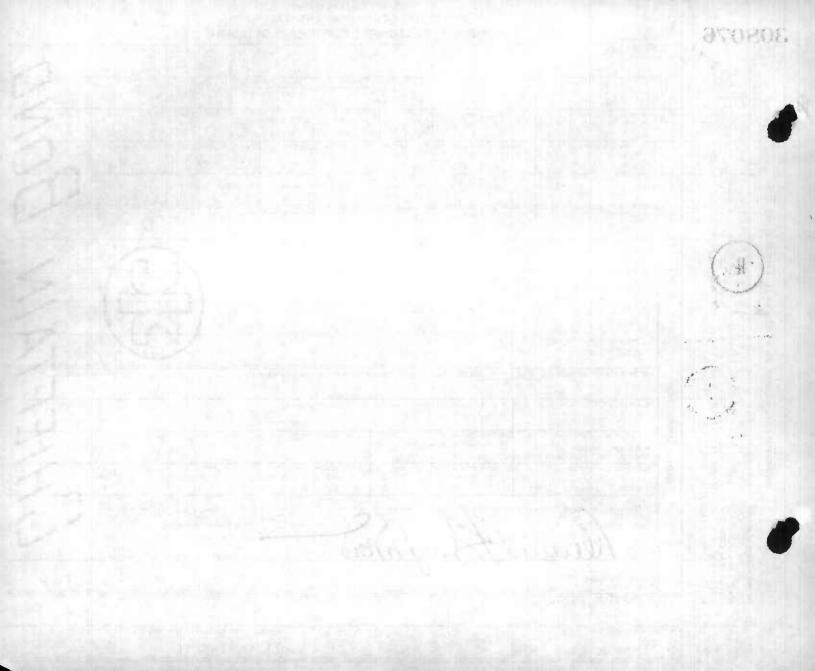
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S. T. S. T.					

296031	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1 DE	CEASED NAME FIRST		WIDDIE	· ·	AST	2a. DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR	
9 7 /	TITPE	BESS	É		STE	VENSON		Oct 1	9 85	07:50 AN	
You at	3 SE		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS	
4 96 4		FEMALE	BLA	. ,	MONTH 0AY YEAR 92 02		2 83	YRS.	AONTHS DAYS	HOURS MIN	
a 5/2 /4//	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	9 BALTIMORE CITY OR COUNTY OF			
to a second		N.C.	U.S.	Α.	WIDOWE		1 Baltin	Baltime City			
11/5/	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURS		ROTHER INSTITUTION	12a. USUAL OCCUPAT		12b. KIND O	F BUSINESS OR	
201		ltimore	MON	te bello	1105	PITAL	NV		NOOSIKI	4	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MXRYLAND 2120 ING PHYSICIAN The law requires that the death certificate beceeding within 24 hours and ending physician. Item this certificate has been signed by the offending physician and complete the osthe buriot-transit permit. Then please remove corbonoppers, Pages 1 miles to as the buriot-transit permit. Then please remove corbonoppers, Pages 1 miles to an Amental Hygiene prior to buriot, cremotion, or removal. orked or them 18 shows any injury, or other traumatic event, the medical miles in miles.	13a S	AL RESIDENCE (IF NURSING HOAD 136 C) Tyland	AE OR OTHER INSTITUTION DUNTY	Baltim	WN	13d. INSIDE CITY LIMITS	13e STREET ADDRESS 206 N. I		St. 2	21223	
E TO A	14 F4	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME				
香 36/1 精 型//	Ke	ever	MIDDLE	Partlo	W	Unknown			LAS		
E S S S S	16a V	VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADD	ESS			
TIMO Doon S. Pog	no	TES, NO OK UNKNOWN) (IF TES	GIVE WAR OR DATES)	215-05	-6936		Stevenson		N. Mou		
BAL cote coper oper oper ovol.		18 CAUSE OF DEATH Enter	r anly ane cause pe			robubly co	andrac ane	et	BETWEEN	MATE INTERVAL ONSET AND DEATH	
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on the corbin corbin to the co			DUE TO, C	R AS A CONSEQU							
deo deo otte nove		Conditions, if ony, which		NI	9						
W. Pl	- 1	cause (a), stoting the underlying couse last	DUE TO C	R AS A CONSEQU	JENCE OF				1000		
gned in plea buriol ry, or		PART 2 OTHER SIGNIFICAL	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	FERMINAL DISEASE OR COM	NDITION GIVI	EN IN PART 10	al	
ORDS	S S	L	109						90 69		
At RECO	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHIC	H OPERATIO	WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	, WERE FINDING CAUSES	OF DEATH?	
VITAL	Ü	210. ACCIDENT WAS UNDERLYING	110110 1	OF INJURY	DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJ	JRY IN ITEM 18, PA	ART 1 OR PART 2)	4-1-4	
SICIA ng ph certif prodit entol ltem	CAL	OR CONTRIBUTING CAUSE O	0 6 11 11	.M.	19	NI	17				
HYS chis chis chis chis chis chis chis chis	MEDICAL	21d. INJURY OCCURRED		OF INJURY	EARM ETC)	21f. LOCATION	CITY OR TO	IWN	COUNTY	STATE	
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ATTI Sprit SCTC d foo f of f a 21	33	saw the deceased alive above, N. (ve) fild) du	not view the body	17_			nion death accurred an the c	late and hour			
OK AT OR AT DIRECT OCHE OF THE DEPT OF THE O		226 SIGNATURE	11			DEGREE	G _ MEDICAL _ STA	FF	22c DATE	SIGNED	
PITAL by th VERAL State State	1	July 10	1015		M	D ATTENDIN PHYSICIA	N DIRECTOR PHYS	CIAN	OCI	19,198	
HOS bined FUN Sould to		Gabriol	1	ARTINE	7_MD	Montels	Mo Hopital	Kal,	hours	MO	
in the state of th	230 E	SURIAL, CREMATION, REMO			NAME OF C	EMETERY OR CREMATO	RY 23d. LOCATION				
BP	BU	RIAL	10-2		WESTY		Baltime		COUNTY M =	state	
DHMH - 16 50M 7/77	-	INERAL DIRECTOR			.,		DATE REC'D. BY REGISTRAF	25b. REGISTI	RAR'S SIGNAT	URE	
(VR A 15 (4))	W	C. March F/	'H Co	ADDRESS 1101 E.	Mont	h Arro	OCT 21 1005	1	Title >	(F. h	
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		JAY!		CEASED NAME	FIRST		WIDDLE			LAST		0	TE KNOWN ESTI-	4	DAY YEAR	26. HOUR
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	PLEASE RECTOR. IR FILES. HOURS	2	3 SEX		RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEA			IF UNDER 2		ATE DUNCED	MONTH	DAY YEAR	12 HOUR
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	ESS.	25 25 25 25 25	7a BI	RTHPLACE (STA	ATE OR	76 CITIZEN OF V	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY									
	NECESSARY, P HUNERAL DIREC FOR YOUR WITHIN 72 HG			Md		USA			WIDOW		DIVORCE		altimor			MD
	公子是日	ZA-N	10 CI	TY OR TOWN C	OF DEATH	11 NAME OF HO			, OR OTH	ER INSTITUT			CUPATION (TYP WORKING LIFE)	E OF WORK	26 KIND OF BL OR INDUST	ROffic
	N P DE	600	Baltimore USUAL RESIDENCE (IF IN NURSING HOME					le Aver				Mailhai	ndler	Balto Post		
2	SAS CHARLE	50	USUA 13a. S	TATE	136 COL		113c. CITY	ORTOWN)N)	13d INSIDE CI	ITY LIMITS?	Je STREET AD	DRESS			
MD. 212 TH. IF AV 1, 2, AN M. 3, RE D. 2 SHOL		A 3. SE		Md			Balt	timore					yrdale	Avenu	e 21215	
				THER'S NAME		WIDDLE		LAST		15 MOTHE	R'S MAIDEN	NAME	WIDDLE	- 3	LAST	7
OR.	AH T	200		James		Н.		ewart		Anna					Hamilto	n
M.	#4 D	2 PK		S NO OPTIMIENO	EVER IN U.S. A	ARMED FORCES?		CIAL SECURITY	-	17. INFORM			ADDRESS			
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1	0 m 3 y	ii ii		18 CAUSE OF	DEATH (Enter	anly one cause per lin				0 1:		.1 D:	11.1.2		APPROXIMATE BETWEEN ONSE	E INTERVAL T AND DEATH
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8	DH THE			BART O ATHER CAC	DICICALLI CANALLIA	(c)										
ORD	ABCAG	ENA	z	PART 2 DINER SIG	MIFICANT CONDITIO	NS CONTRIBUTING TO DEAT	H BRI MOI KETY	LIEO TO THE TERMI	NAL DISEASE	OR CONDITION	N GIVEN IN PART	1 10				
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUT TO FUNERAL I	BA -	23a.Bl	JRIAL, CREMAT				NAME OF CEN		ADDRESS_		23d LOCATIO				
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completely filled in by the funeral director, page 3 is and 2 should be filed within 72 hours after death

TO FUNERAL DIRECTOR. After this

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

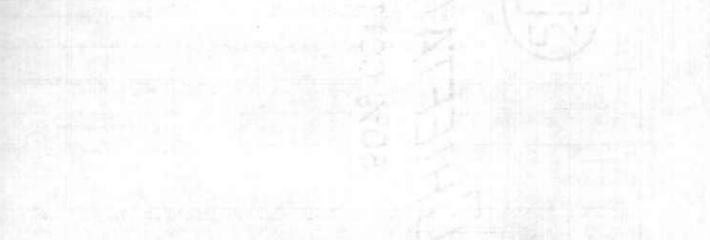
STATE OF MARYLAND DEP.

ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE	
CE	RT	FICATE	OF	DEATH		

ŀ	1 050	74444 03243	1.011		MIDDLE	-	AS1		- DATE OF DEATH	MONTH DA	AY YEAR	Las consider			
1	(TYPE	CEASED NAME OR PRINT)	FIRST				431		20. DATE OF DEATH	MONTH DA	AT TEAR	26 HOUR			
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I	3 SEX			4 RACE		5. DATE C		YEAR	AGE (IN YEARS LAST B)	RTHDAY)	FUNDER I YEAR	IF UNDER 2	MIN.		
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		TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INS		120 USUAL OCCUPAT	ION	126 KIND C	F BUSINES			
		ltimore			nd Genera		pital		CAR CLEA		B & O RAILRO				
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4		THER'S NAME			BALTIMO	KE	YES [X	S MAIDEN NAM		S LANE.	2121				
J		FIRST		MIDOLE	LAST		13 MOTHER	FIRST	MIDDLE		LAS				
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1		AS DECEASED EN		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	46	17 INFORM		ADDR						
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		PART I. DEAT	H WAS CAUSE	D BY: E CAUSE (a)	Cardiopu.	lmonar	y Arre	st - Eta	iology Unk.	nown					
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1	cause (a), stating the DUETO OR AS A CONSEQUENCE OF														
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1		PART 2 OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERMIN	NAL DISEASE OR COM	DITION GIVE	N IN PART 1	a			
	ON	Demen	tia			3,0									
5	AT	19a DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFO	DRMED	20a AUTOPSY?		WERE FINDI				
7	CERTIFICATION			A NOW					YES NO YES NO NO						
7	CER	210. ACCIDENT WAS	UNDERLYING	216. TIME C			21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	RT I OR PART 2)				
1	-	OR CONTRIBUTING			M. MONTH D. M.	AY YEAR									
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1	ME	WHILE NO	WHILE WORK	(AT HOME ST	REET, FACTORY, OFFICE, I	FARM ETC)	STREE		CITY OR TO	OWN	COUNTY	ST	ATE		
				tal) attended th	e deceased fram	Octobe	r 16.	19_85	to_Octo	ber 23	9_85_	that X (w	e) lost		
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1		22b SIGNATURE	e) (did) (datang	ti view the bady	after death.		DEGREE				22c DATE	SIGNED			
1		Thom	- 4	Hampel	mD			ATTENDING _	MEDICAL STA		10%-	4/00	1		
-		22d. PHYSICIAN'S	NAME (TYPE C	R PRINT)	110		22e ADDRES	PHYSICIAN []	DIRECTOR PHYSI	CIANLY	119-	1/0	_		
				Ganey, N	1 D				Comonal	Voquita	. 7				
4	02.0					11.116.65			General I	nospita	1.1				
		URIAL, CREMATIC		23b DATE	The state of the s		EMETERY OR		23d LOCATION	VIIDEL	COUNTY		ATE		
1	04 5	BURIAL		10-28-		RYLAND	NATIC			AUREL I		ND			
	24 FU	DE COM CLUM	SONS I	UNERAL	HOME , IN			10000	P. O. 1095	ZSO REGISTR	AR'S SIGNA	URE			
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DHMH - 16 60M 7/B4 (VRA 15, 4)





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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death intercent the executed within 24 hours after death. Fage 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending in hyllicar and completely filled in by the funeral director, page 3 should be detached for use as the burnol-transit permit. Then please remove can another Pages Land 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, attendance.	
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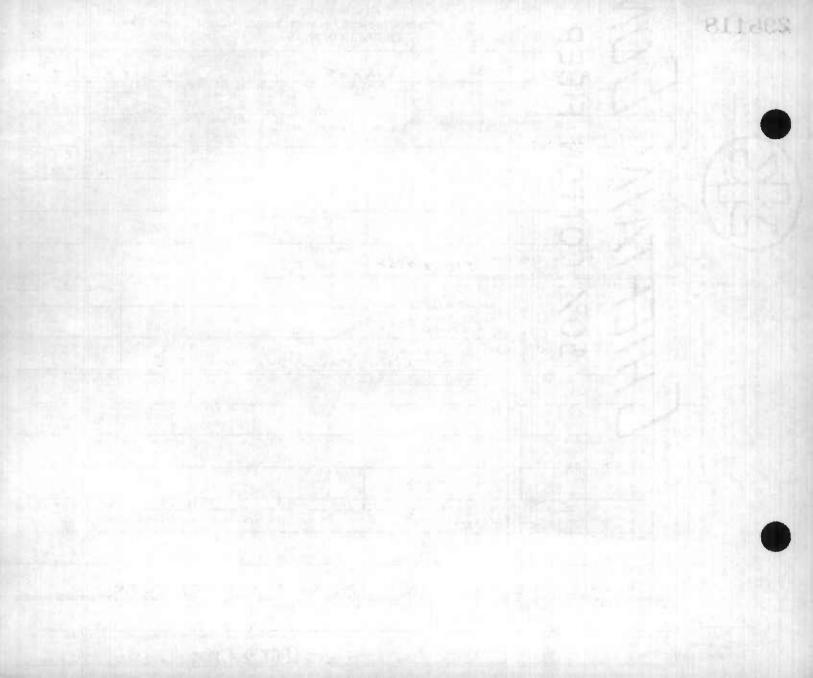
STATE OF MARYLAND

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	REGISTRAR		CEKIII	ICATE OF	DEATH	REG. N	0.			
	CEASED NAME FIRST	WIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
[TYP	E OR PRINT)	7	57	KES		Total Same	10	17 85	420	
3. SE	///	1 RACE		OF BIRTH		6 AGE (IN YEARS LAST BIR	1 *	IF UNDER 1 YEAR	R IF UNDER 24 I	
	MALE	BLACK	MONTO 2	H DAY	42	43	YRS	MONTHS DATS	HOURS	
70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	- D NEVER	MARRIED 💭	9 BALTIMORE CITY C	RCOUNT	Y OF DEATH		
-	Washington, D.C	USA	WIDOW		IVORCED T	Baltimore	CIT	Y		
40 C	Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES) Francis Scott	RSING HOME (OR OTHER INS	TITUTION	Aprentice Inmate	ION		OF BUSINESS Prison	
USU	AL RESIDENCE (IF NUMBER OF ME OF	ROTHER INSTITUTION GIVE RESIDENCE B		dicai (center	Timace		Ind. I	. 113011	
13a	Md.	Jess		YES T	NO 🗌	13e.STREET ADDRESS	ZIP COD	DE /	207	
) F	ATHER'S NAME FIRST	MIDDLE LAST		IS MOTHER	'S MAIDEN NAM	WE		L	AST	
	WAS DECEASED EVER IN U.S. AF (YES NO OR UNKNOWN) (IF YES, GIT	RMED FORCES? 166. SOCIAL S VE WAR OR DATES) 578-54	ECURITY NO.	17 INFORM	ANT	ADDRI	SS			
1	18 CAUSE OF DEATH (Enter or	nly ane cause per line for ial, (b	, ond ic					APPRO BETWEEN	XIMATE INTERVAL	
	PART I. DEATH WAS CAUSE	TE CAUSE (a) SEPSIS								
	CHAPTER STATE									
	The state of the s	DUE TO, OR AS A CONSE	OUENCE OF							
	Conditions, if any, which	COMF	1							
	gove rise to immediate	(6)	1							
	couse (o), stating the	3								
	underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF			11 /4 /-				
	underlying cause last.	1 NEWS	DIEPTIC	MAC	16,10770	T SYNDRO	ME			
		167								
_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION GI	IVEN IN PART T	10	
CERTIFICATION										
1 2	19a DATE OF OPERATION	196 CONDITION FOR WE	UCH OPERATIO	N WAS PERE	DRMED	20g AUTOPSY?	206 IF YE	S. WERE FIND	INGS LISED	
Q.	THE DATE OF GLERATION	THE CONDITION ON THE	INCH OF ENAME	N. TRASTERIA	JK/MED	200 4010151		IFYING CAUSE		
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	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		John Occom	TELEVISION OF THE	H 1 H 4 11 C/45 1 G	. Ant 1 On 1 Ant 2)		
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ĕ	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATI	ON					
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	saw the deceased alive or	w view the bady after death	9 <u>0</u> 5.a	nd that in my	(aur) apinion o	death accurred an the d	ate and ha	ur and from the	e causes state	
	226 SIGNATURE	24 view the bady diret beam		DEGREE				22c DAT	ESIGNED	
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	much	5 Danie	h-	and	PHYSICIAN [DIRECTOR PHYSIC	CIAN CA	14	0/07/8	
	22d PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRE	SS					
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		DONNEMSE	=(KY		Scott F	LE MED	CN	11		
	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	23c. NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STAT	
	Removal	10-17-85				CITOKIOWN		COUNTY	STAT	
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DHMH - 16 60M 7/84 (VRA 15, 4)

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S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 22 HOURS I W. PRESTON STREET,		ryland		U.S				WIDOV	-	DIVORC		Balti					MD
ATHE THE SOLVE SOL	ID CI	TY OR TOWN	OF DEATH				IRSING HOME	, OR OTH	ER INSTITU	TION		AL OCCUPANT OF WOR		YPE OF WORK	126. KII	ND OF BU	SINESS
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PALLI JES ALT WHIH PA T. PAGE DIVISIO	n								Biro	die 1	L. S	toke	s 49	12 C		shaw	
	16	18 CAUSE C	F DEATH (Enter onl	y one couse	e per line	for (0), (b), and (c).)								BETV	PPROXIMATE VEEN ONSE	T AND DEATH
PRESTON ST., ITHIN 24 HOU! CIL IN ITEM 8! WER ALONG W ANSIT PERMIT. AL HYGIENE, D REMOVAL.	K		IMMEDIAT	E CAUSE (st wit	h cor	mplic	ation	ns			111	
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DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WOORD "PENDING" IN IR RDED TO THE CHIEF MEDICAL EXA RE 3 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND M OF PRIOR, TO BURIAL, CREMATION	Z			7	-35												
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DIVIS TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3. ATER DEATH, WITH THE STATE DEP BATTIMORE, MARYLAND, 21201 PR		22a. I cert	fy that I taak charg	e af the ren	nains des	cribed abo	ove, held an	Autop	sy X	Inspectio	n .	Inquiry	D	and in my	pinion		
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(VR A15 ME (5))		W.C.141	ARCH I/E		1	TOT	E. NO.	LILI	MVE.			~~~					

Druid Ridge

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) Burial

THE PUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

10/19/85

250 DAJE REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Pikesville,

MD

Libor 1, 1 - E The expended of . A. H. CHEST MESS TO STREET SEED TO S E Itir ro BEE W. For St., Calent and the serious of th en. vale. Califor, es accession average de la company de l Y c. E. 121.

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p p p			CEASED NAME FIRST OR PRINT) DONOT	hy V.	St	ringer	20. DATE OF DEATH	MONTH DAY	SS YEAR	7:0YPM			
ge 4 moy be sector, page 3	13	3 SE)	Female	RACE White	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR)	YRS	UNDER I YEAR	IF UNDER 24 HRS			
eoth. Pog nerol dire	35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED .	P BALTIMORE CITY O	R COUNTY O	FDEATH	MD.			
s ofter d	21st 19		3a Himore	11. NAME OF HOSPITAL, NURSI CIFNOT IN SUCH CACILITY, GIVE STREE GOOD SAMOVITO	ADDRESS)	or other institution	120. USUAL OCCUPATION (TYPE OF WORK FOR MOSTO VETICAL ST			ets. Reci			
in 24 hour	35	130 S	ated MD 136 COUR	OTHER INSTITUTION GIVE RESIDENCE BEFOR	VN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS / 5705 A lame	1 V_	Aldrus.	VY MD212			
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be exe	1	- (·	res. no or unknown) [IF YES, GI	/E WAR OR DATES] 21403443	30	Mrs. Hilda	D. Ringgold	d Same					
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that the death of	sose remove corb		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)						1-0			
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he low re	ene prior	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES					
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DHMH - 16 60M 7/B4 (VRA 15, 4)

Leonard J. Ruck Inc. Baltimore, Maryland

23b DATE

23c. NAME OF CEMETERY OR CREMATORY

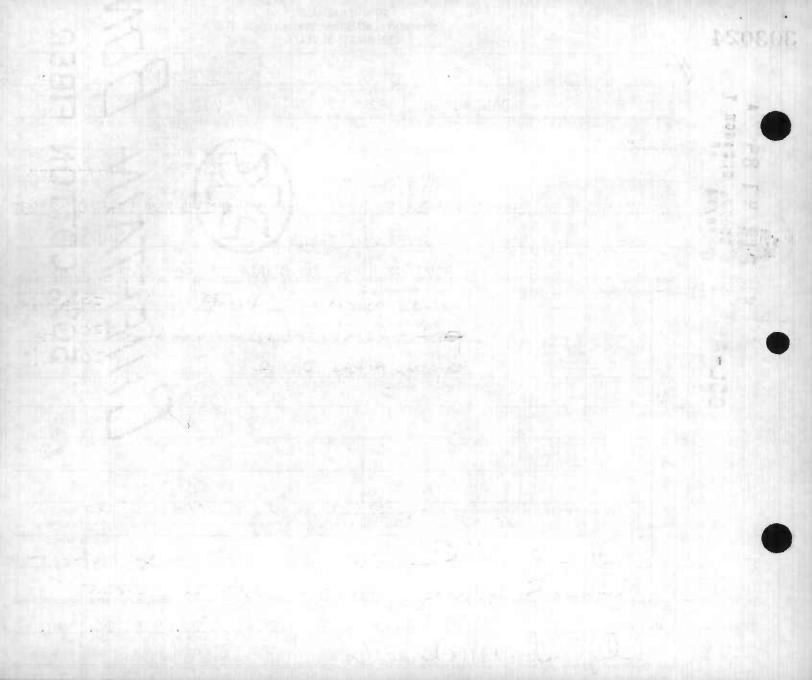
23d. LOCATION CITY OR TOWN

COUNTY STATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Oct. 5, 1985 Druid Ridge 24 FUNERAL DIRECTOR

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Upperco, Md.

Marzullo Funeral Service

(VRA 15, 4)

STATE OF MARYLAND

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Stores

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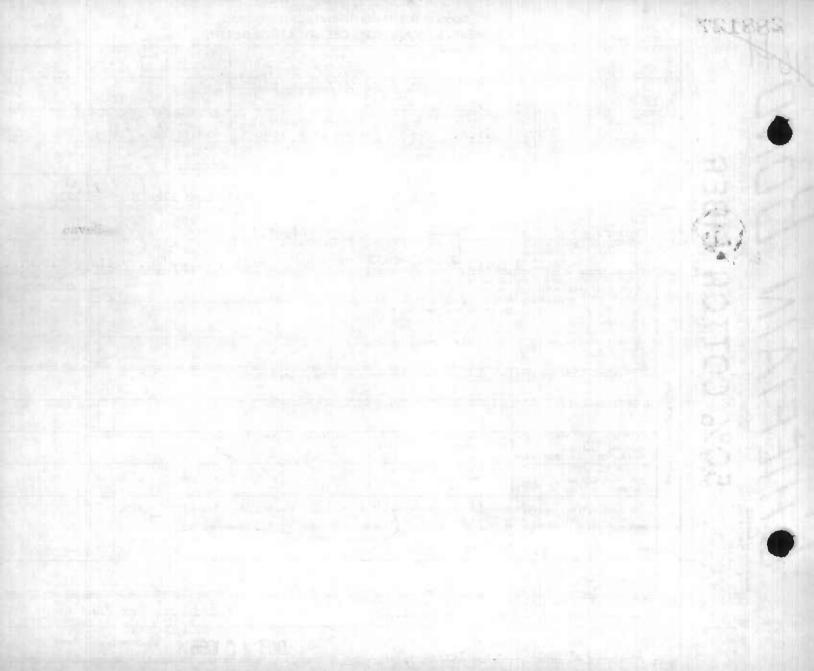
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4300 Wabash Ave William C. March F/H Inc West

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 28812 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWNXX MONTH 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 10-6 1985 Maynard Teal1 4 RACE S. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 6:11 1985 July 8, 1924 DEAD Male White 61 a. M Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City, U.S.A. WIDOWED -DIVORCED Maryland III. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Salesman Baltimore University Hospital - STU USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 633 East 37th St 21218 YES X NO [Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Teal1 n- Bevan Maynard Margaret 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 723-10-0037 WW 11 & Korea John L Teall 2 Wash. Sq. Village N.Y.N.Y. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MOR CONTRIBUTING CAUSE OF DEATH 2:50 1985 pedestrian struck by auto 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN AT WORK AT WORK Reisterstown Rd. north of Austin Rd., Reisters road town, Balto. Co., Autopsy XX 22a. I certify that I took charge of the remain described above, held an Inspection Accident XX death resulted from: Natural couse) Suicide \ Homicide ... Undetermined manner TITLE (SPECIFY) 10-6-85 Assistant MEDICAL EXAMINER EXAMINER'S NAME 21201 Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. ADDRESS TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Balltimore, Martiland 10/8/85 Cremation Westview 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE **DHMH - 17** the Samon Gorda Leonard J Ruck Inc. Baltimore, Maryland (VR A15 ME (5))



(VRA 15, 4)

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

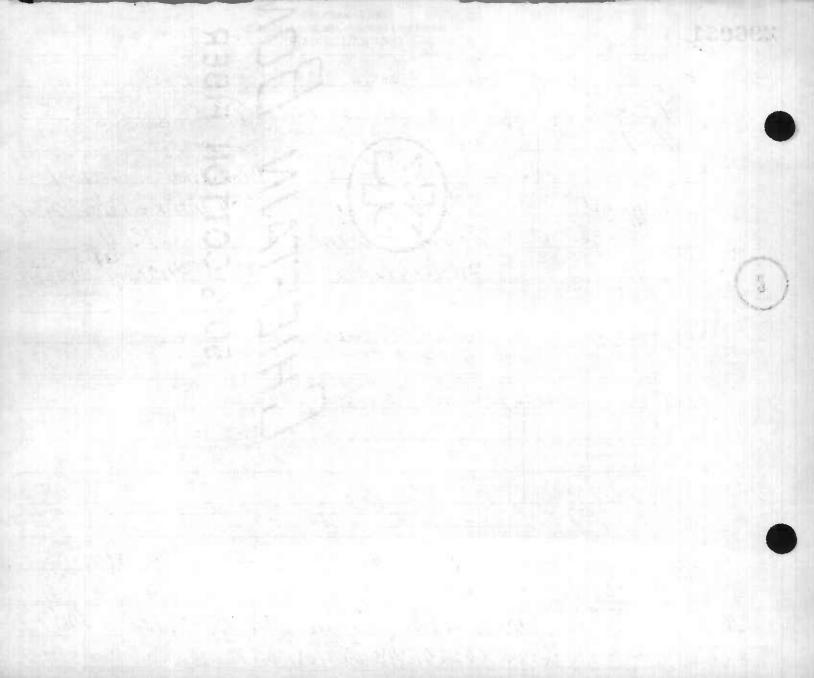
- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR YPE CHIPPING EMALINE THOMAS OCTOBER 15, 1985 9:30 0 I RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) YEAR LEASE OF LORSED 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED WIDOWED DIVORCED T Baltimore City 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) YOR MOST OF WORKING LIFE INDUSTRY Baltimore Maryland General Hospital WALKESTER NEED AND ADDRESS OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13h COUNTY ADDRESS / ZIP CODE YES TH 15 MOTHER'S MAIDEN NAME IN WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT WE SOCIAL SECURITY NO I F 165 GIVE WAR ON DATES! 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acute Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF (b) Status Post Inferior Myocardial Infarction Conditions, if any, which gave rise to immediate DUE TO, OR AS A COWIGHNAPOSteriolaterial involvement count (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Chronic Renal Failure, Uniary Tract Infection TO DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [The ACCIDENT WAS UNDERLYING [216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUTE OF DEATH OF EITHER, NOTES MEDICAL EXAMPLES THE INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE DOCUMENTS The Feartify that XX the happropropried the deceased from October 9. 19 85 to October sow the deceased of the October 15, 19 85, and that in XX (our) opinion death occurred on the date and hour and from the couses stated above. X is a finished with a second of the body ofter death. 22s SIGNATURS DEGREE 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME (TWE OF PRINT) 22e ADDRESS brathan c/o Maryland General Hospital

(VRA 15, 4)

DHMH - 16 60M 7/B4

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

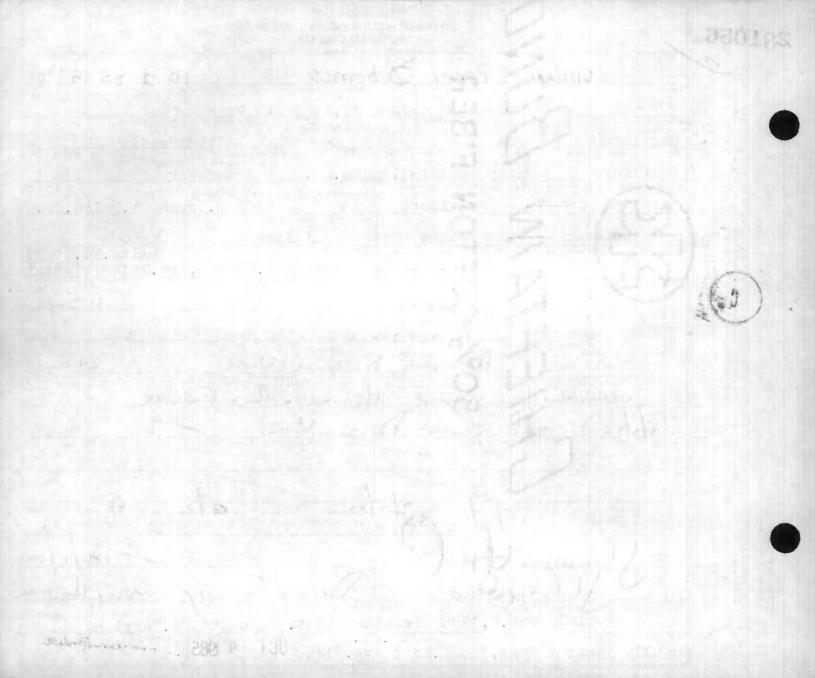
Telia Savidson Pandelle



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1					STAT	E OF MARYLAND				
	1 -	FOR STATE		DEPARTA		IEALTH AND MENTAL HYG	SIENE S	2	3 4	0.0
	/	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.	. 1	~ ~
		CEASED NAME FIRST		WIOOFE	1	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
		LILLIA	A	YEAR!	7	homew		10 7	85 8	DM
	3. SE)		4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF U		FUNDER 24 HRS
	F	emale	Whit	e	Jun		72	YRS	HS. DAYS H	OURS MIN.
1		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
	6 00	aryland	USA		WIDOW	4-	Baltim	ore Ci	tv	MD.
-1	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPAT		126 KIND OF B	JUSINESS OR
1	Ba	altimore	Mercy			alto.Md.	Homemak		NDUSIKI	
1		AL RESIDENCE (IF NURSING HOME OF			ADMISSION)	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			21230
S		aryland ===		Baltimo		YES X NO		oss St	.Balto	
	14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	0000		7114
9		Howard	WIOOFF	Jones		Lilli	an	Unkn	own (AST	
1	16a V	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS. Bal	to .Md.	21237
9		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	213-03	-450	D George	H.Thomas,			
N	1	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per	r line for (g), (b), one	d (c·					TE INTERVAL A V C
			D BY TE CAUSE (o)	Sens	15				6 7	Days
		WWWEDIA	1 -70	R AS A CONSEQUE	NCC OC					
4		Conditions, if ony, which	(15)	VCCITO		4				
V		gove rise to immediate couse (a), stating the	DUE TO d	RAS A CONSEQUE			TE HE FE OF		1200	
ő		underlying couse lost.	(5)	RAS ACONSEOUS		DUDRUM '	Vicer		24	Da.15
	1.5	PART 2 OTHER SIGNIFICANT	ONDITIONS CO				INAL DISEASE OR CON	DITION GIVEN	IN PART NO	
	20	OSSTRUCTION		Dienn		LLOANIC &	Revar Es	whe		
2	CERTIFICATION	190 DATE OF OPERATION	-9-4			N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDINGS	S USED
-	TIFIC	0/8/85	Veas	COLARO	(1)	Jaseya Vices	YES TI NOT	YES T	G CAUSES OF	F DEATH?
2	E G	210. ACCIDENT WAS UNDERLYING	216. TIME C	F INJURY		21c HOW INJURY OCCUR			_	
7	4	OR CONTRIBUTING CAUSE OF DE	3113	M. MONTH DA	YEAR 19		the first the state of the stat	Bugs and a fire		
	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY	-	211 LOCATION	The state of the s		COUNTY	
	×	WHILE NOTWHILE O	(AT HOME ST	REET, FACTORY, OFFICE F.	ARM, ETC)	STREET	CITY OR TO	WN	COONIT	STATE
		22a.1 certify that (I) (this hospi	tol) ottended th	e deceosed from_	9/7	YS 19	to (a)	. 19.	85 tho	of (I) (we) lost
	100	sow the deceased alive on above, (I) (we) (did) (did no	10/2	1	. 01	nd that in (my) (our) opinion	deoth occurred on the d	ote and hour an		
		274 SIGNATURE	I view the bedy	diger delitin.)	DEGREE			22c DATE SIG	IN ED
		1 1	1-1	Lu X		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN -	180	1,100
	1.0	THE PHYSICIAN E MAN ETHY	araini)	(m		22 DDRESS	- DIRECTOR - THISIK	. Init		1
		011	004	du		1	2100	0		
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION	- A - 10	100	tetture
	.(Burial				lawn Cemt.	CITY OR TOWN	Co.Mary	YIAUC FACET	STATE
	24 FL	JNERAL DIRECTOR			Ito.		E REC'D. BY REGISTRAR	25b. REGISTRAR	'S SIGNATION	-deBR
i	Ico	Cully Funeral	Home,	130 PESS F	ort	Ave.21230 Ul	1 4 1985	بديانها زيد	HEODY- NO	-

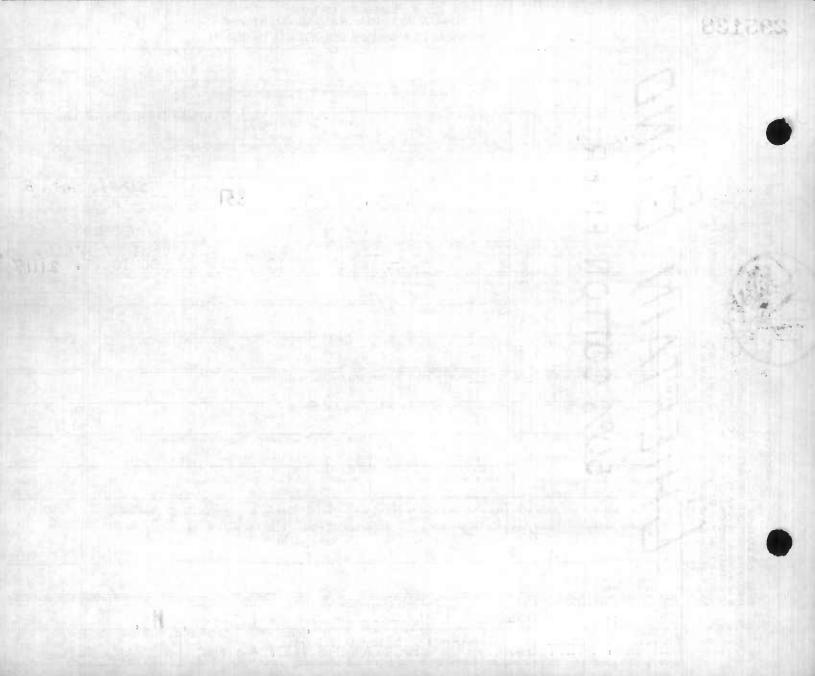
DHMH - 16 60M 7/84 (VRA 15, 4)



2970	770		ITEM NUMB FOR 10-28- STATE REGISTRAR	R 7a, PER 85 D.W.		STATE OF MA RTMENT OF HEALTH A CERTIFICATE	AND MENTAL HYG	HENE 8 5	2 8	401
moy be	Le death		EASED NAME FIR	6 Y /	MIDDLE	5. DATE OF BIRTH	A5	20. DATE OF DEATH	HDAY) IF UNDER I	
ulsoth Page 4 Funeral director	83	74 61 V	Fluid STATE OF FOREK	4	PENDENTAL, NUE	RY? 8 MARRIED NE	EVER MARRIED DIVORCED DIVORCED RINSTITUTION	9 BALTIMORE CITY OF BALT TO	YRS COUNTY OF DEAT	TH CTTY MD.
RYLAND 21201 within 24 hours offer teetly filled in by the	38	13a S	L RESIDENCE (IF NURSING H TATE 13b THER'S NAME FIRST	OME OR OTHER INSTITUTE COUNTY	ON, GIVE RESIDE & BE	FORE ADMISSION) OWN 13d. INS	IDE CITY LIMITS? NO THER'S MAIDEN NAME FIRST	Hovakesp	WORKING LIFE! INDUS	STRY U
			NO	UNULLA SE ARMED FORCES YES, GIVE WAR OR DATES!		R	meric Imeric	us Olor	1 521-	Schwedy S
KDS, 201 W. PRESTON ST. B. Agonies, that the cheath certifical signed by the attending English	Then please remove corbon pap to bursal cremation, ar remova njury, or other traumatic event,	NO	Conditions, if ony, wh gave rise to immedicate (a), stating underlying cause to	DUE TO, ich bite DUE TO, (c).	OR AS A CONSE	OVENCE OF	LATED TO THE TERM	ALLEST		
VISION OF VITAL RECO	Mental Hygiene printer I ser 18 shaws an	MEDICAL CERTIFICATION	90 DATE OF OPERATION 110, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTHY MEDICALE) 11d. INJURY OCCURRED	SUZ ING 21b. TIME OF DEATH (AMINER)	DITION FOR WHE	DAY YEAR	tone	YES NO	70b. IF YES, WERE F IN CERTIFYING CA YES YIN ITEM 18 PART I OR PA	USES OF DEATH?
OR ATTENDIN he hospital or DIRECTOR Aff	tached for use as the EDept of Health and Hem 21 is marked a) MEI	The I certify that (i) and saw the degrouped	AT HOME	deceased fra	ICE, FARM, ETC)	19	to // 3 death occurred on the da	te and haur and tran	that (h (ve) lost
TO HOSPITAL retained by 1	should be de with the Stati	73a 6	URIAL, CREMATION, REM		1 2	30 NAME OF CEMETER		DIRECTOR PHYSIC The Are 123d LOCATION CITY OF TOWN	ene St.	, Balt STATE
BP DHMH - 16 (VRA			Burial Burial NERAL DIRECTOR Chas.A.Rice		10/85 300 Eutav	New Cathed: v Place		Balto. E REC'D. BY REGISTRAR 22 1985	Md. ISB REGISTRAR'S SIC	

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29	5138	1-	STATE REGISTRAR							INER'S			OF DEA	W	REG.	NO			6	
		1. DE	CEASED NAME		FIRST			MIDDLE			LAST			2e. DATE	KNOWN		HTMON	DAY	YEAR	26 HOUR
	55 S. S. S. F.	(ITP	E OR PRINT)	Ri	chard					Th	nomas			OF DEATH	MATED	X	10/	12/9	85	_
	PLEASE ECTOR FILES. HOURS STREET,	3 SEX		I. RACE		DATE OF	DAY	YEAR	6 AGE (I	YEARS IF L	INDER 1 YR.	IF UNDER		2c DATE		M	нтио	DAY		2:45
à	DIR OUR ON S	M	ALE	BLA		WOUTH 5	9	37		YRS.	THS DAYS	HOURS	WIN	DEAD)		10/1	5/ 19		P
5	NECESSAR CUNERALD S. FOR YOU MITHIN 7	FO	RTHPLACE (STA	TE OR		76. CITIZEN			VTRY?	8 MAR	RIED NE	VER MARR	IEDX 💢	9 BALTIA	AORE CIT	Y OR C	COUNTY	OF DEA	TH	
	S NECESSARY, PIEASE F FUNERAL DIRECTOR. E S FOR YOUR FILES. D. MITHIN 72 HOURS W PRESTON STREET,			MD.				SA		WIDO	WED	DIVORC	ED 🗆		timor					WD
	A HOUSE	10. CI	TY OR TOWN C Baltim		Н	11. NAME (IF NOT IF	N SUCH FAI	CILITY, GIVE!	IRSING HO STREET ADDRE	55)	HER INSTITU	TION	FOR A	AL OCCU	PATION (TYPE OF	WORK 12	OR IN	OF BUS DUSTRY	
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2120	SECOND STAND	MD	TATE	13	COUNTY		7	13c. CITY	BAL	TO.	13d. INSIDE	NO [13.83	T ADDRI	ORGI		TRE	FT	191.6	00
9	F		THER'S NAME			MIDDLE			3	2	15 MOTH	ER'S MAID	ENNAME							
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DIVISION OF VITAL	RECERTIFING REPORT TO PRICE SOIL	MED	21d. INJURY OF WHILE	NOT W	HILE			ORY, FARM, I		. 211. LG	STREET			CITY OR TO	WN (COUN	TY		STATE
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	A PARTY OF THE STATE OF THE STA		22a I certify	that I to					[7	-	psy X.	Inspectio	n .	Inquiry	Ш	ond in	my opin	ion		
	AMMIN STIFF		death resulted	d from:	Natura	Lauses	XI.	Accident	□.	Suicide	, Homi		Undete	ermined mi	onner _	١.				
	A A		ACTUAL SIGNATURE		X	1	/				M.D. ASS	icton	+			- 1	DATE	10	0/16	1/25
	SEA SEA				-	/					W.D. <u>ASS</u>	Istaii	MED!	CAL EXAA	AINER		SIGNED.	10	3/10	1/05
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR, PAFIER DEATH, WITH THE STYRE BATTIMORE, MARYLAND, 21	-	EXAMINER'S N (TYPE OR PRIN		Grec	ory I	R. K	auffr	man, i	M.D.	_ADDRESS_		111 F	enn :	St.		LC, h			
	588588	1.5	JRIAL, CREMATI		AOVAL 236	DATE		23c.	NAME OF	CEMETERY	OR CREMAT	ORY	23d. LO	CATION			COUNTY		STAT	TE
07/84 25M	BP	CR	EMATIO	N.		10 - 1	8-8	5	WEST	VIEW	CEM		B	ALTO		Ь.				1111
23/41	DHMH - 17		NERAL DIRECT	D	ETT 8	Son Son	ADDR/19	SOO	IDE	RTY	CTC	25a. DATE	REC'D. BY	REGISTRA	R 756 RE	GISTR	AR'S SIG	NATURE		
	(VR A15 ME (5))		101	ווע		x 301	וי דו	000	LIRE	K I Y I	1015	ME	18	1985	ficha	Day	Ydson-	pand	Lee	



BALT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

1	-	FOR STATE REGIST
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	o.	
		CEASED NAME FIRST		Viola	L	AS1	10/10/00	MONIH DAY YEA	AR Zb HOUR
	2 654		CLS 1	V1012	TI DATE C	AT DIDTH	AGE (IN YEARS LAST BIRT	THOAY) IF UNDER LY	1 1/1/1
	3. SEX	Pemale	Blo	ck	S. DATE C		83		ATS HOURS MIN.
2	To BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		BALTIMORECITY		н
7		RYLAND		SA	WIDOWE		BALTIMORE	CITY	MD.
11	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN			120 USUAL OCCUPATION		ND OF BUSINESS OR
6	BA	LTIMORE	Luth	evan	HOSD		DOMESTIC	PRI	
33	13a S	RYLAND	OUNTY TO	BALTIMO	VAID	13d INSIDE CITY TIMITS?	6725 KINC	CHELOE AVEN	UE, 21207
0	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAMI	MIDDLE		LAST
20	JA	MES		JACKSON		HATTIE			HNSON
n	160 W	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECT	JRITY MO	INFORMANT	ADDRE	ŠS	
for		NO U		121-03-	6856	KATHERINE P.	WOOLFORD,		
		18 CAUSE OF DEATH (Ent	AUSED BY:	Cavalla	nd ici	1091		BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
		IMME	DIATE CAUSE (a)			1 0 0			1.0
		Canditions If any 10s		MA P TO ST	ENCE OF	breast (a)	ncer		
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		underlying cause las		r as a consequ	ENCE OF				
	100	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PAR	RT Ira
	O N	Deep.	remous 1	-hromk	10513	5			
9	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN	JSES OF DEATH?
0	ERT	210. ACCIDENT WAS UNDERLYIN	G 21b. TIME O	FINJURY		21c. HOW INJURY OCCURRE	YES NO	YES THE TEM IS PART LOR PART	NO []
9		OR CONTRIBUTING CAUSE	OF DEATH HOUR A.						
1	MEDICAL	216 INJURY OCCURRED	21e PLACE	OF INJURY	19	211. LOCATION			
	ME	WHILE NOT WHILE AT WORK	[AT HOME STE	EET, FACTORY, OFFICE.	FARM ETC)	STREET	CITY OR TO	wn COUNTY	Y STATE
		220 L certify that (I) (this I	00-1-	e deceosed from	50		_ 10 Oct 10		, mar (in legalosi
		saw the deceased aliv above, (1) (we) (did) (d	re un	after death.		nd that in (my) Gur) apinion de	eath occurred an the do		
		H ROSEN	OMU			DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F / 11	13/85
1		228 PHYSICIAN'S NAME I		111		22e ADDRESS	1	1 -	
1		17,150	SEN 1	ND		130 Ashbi	inton S	T	
	23a. B	URIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	POUNTY	STATE
		BURIAL	1 10-17-	-1985 FF	RNCL T	FF CFMFTFRY	HARTSDAI	F. NEW YOR	ΣK

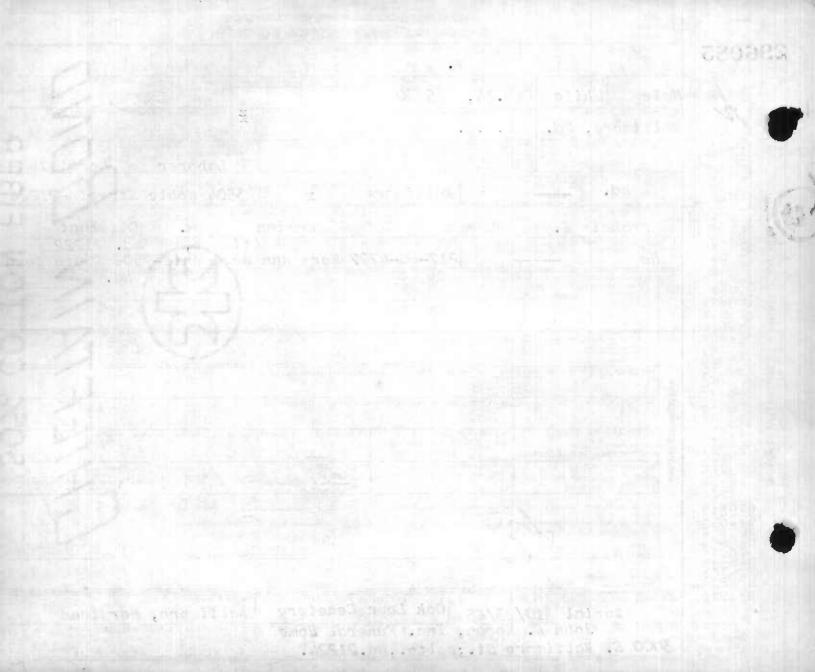
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 296085 1. DECEASED NAME KNOWN X OF ESTI-Walter 10/19/10 85 Thomas 4 RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 20 DATE PRONOUNCED 10 85 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED Baltimore, Md. WIDOWED [] Baltimore City, DIVORCED Baltimore 701 N. Haven St. Laborer Local 16 WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | YES DE NO | 3504 Noble Street -21224 STATE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Marion Thomas Oliphant 17. INFORMANT Baltimore, ADDRESS Md. 21222 166 SOCIAL SECURITY NO. 217-60-4777 Mary Ann Zaledonis-7508 South Bend 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Hanging IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I/a 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH ? P.M. 10/ 19/1985 subject hanged self 211 LOCATION WHILE AT WORK loading dock of Leonard Paper Co., 4200 N. Monument St., Balto. 27a. I certify that I took charge of the remains described above, held an X death resulted fram: Undetermined manner EXECUTE THE CERTI
PAGE 4 SHOULD B
TO FUNERAL DIRE
AFTER DEATH, WITI
BALTIMORE, MARY TITLE (SPECIFY) ACTUAL 10/20/85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. Oak Lawn Cemetery Baltimore, Maryland 10/23/85 07/84 25M 24 FUNERAL DIRECTOR John A. Moran, Inc. Funeral Home ATE REC'D. BY REGISTRAR 236. REGISTRAR'S SIGNATURE **DHMH - 17** E. Baltimore St.: Balto. . Md. 21224. (VR A15 ME (5)) UUI Z 1 1985



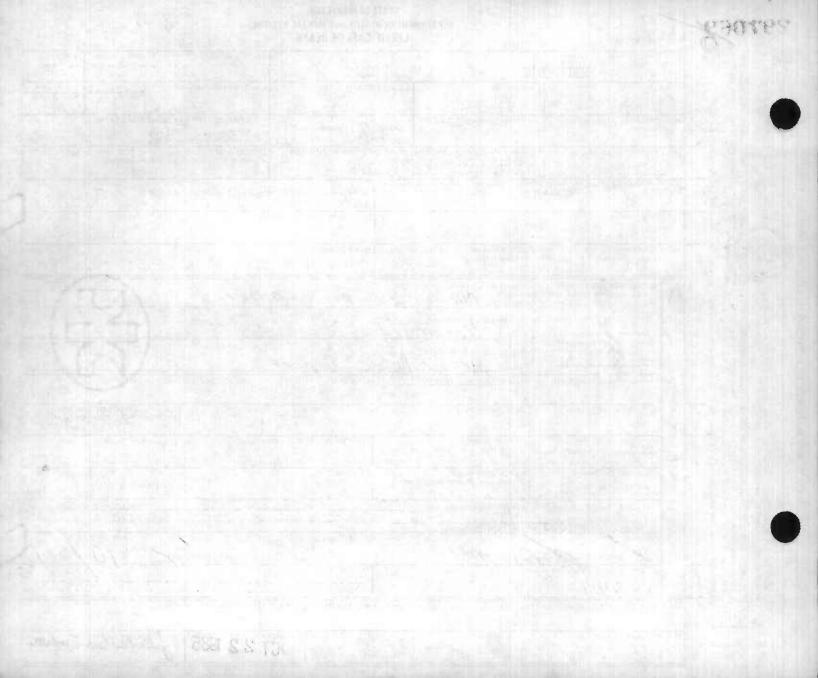
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death, Pape Lunesal direct A of	1	Maryland	IZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	OF DEATH MOSE MD. 1126 KIND OF BUSINESS OR
1 28	150		NOT IN SUCH FACILITY, GIVE STREET	PRESS) and	Subst. Bus Aid	industry Schools
	1	THER'S NAME Frank	Hand Hol	Finne YES C. NOXX	AME rearet MIDDLE	Asi Carrigan
40) 2		VAS DECEASED EVER IN U.S. ARMED FO (1) (1) YES, GIVE WAR O NO	215-28-32	280 Norman L.	ADDRESS	
request, that the death certification is great to the death certification in the death certification at remark to barial, cremation, at remark they, are other traumatic event.	NOIT	Canditians, if any, which gave rise to immediate cause to), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDI	UE TO, OR AS A CONSEQUE UE TO, OR AS A CONSEQUE (c) TIONS CONTRIBUTING TO D Masyatic	NCE OF EATH BUT NOT RELATED TO THE PER. Melanema	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
2 PHYSCIAN. The township physician in the burst has been been been been been been been bee	MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING 20 21 PROOF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21	b. TIME OF INJURY HOUR A.M. MONTH DA P.M. PLACE OF INJURY IT HOME STREET, FACTORY, OFFICE, FA	Y YEAR 19 211 LOCATION	200 AUTOPSY? 200 JE YES, IN CERTIFY YES NO YES RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
Pifal Ok ATTRODING The the Mesental on a HELL DEECCOR Aim and effective on a Stone Dept. of Health ANT. If here 21 is month		22a.1 certify that (1) (this haspital) att saw the deceased alive an above, (1) (we) (did 1) December view 22b. SIGNATURE	1 4 1 1 1 1 1	PEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	9 , that (I) (we) last and fram the causes stated
Bb————————————————————————————————————		URIAL, CREMATION, REMOVAL 23b. SPECIFY Burial 10	1 1-	AME OF CEMETERY OF CEMETERY DUDON Park Cemeter	The constitution of the co	county Maryland
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FI	PORTE J. Gonce 400	Ol Ritchie Hg	wy Balto Md 0C	T 22 1985 Pelia da	AR'S SIGNATURE

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283003/	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	28.00
moy be 3 poge 3 er deoth		CEASED NAME FIRST	MIDDLE IFF	THOMPSON S. DATE OF BIRTH	20. DATE OF DEATH MODEL OF THE PROPERTY OF THE	1985 M
oth. Page 4	7a BII	RTHPLACE ISLATE OR FOREIGN DUNING	BLACK 76. CITIZEN OF WHAT COUNTRY U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	YRS COUNTY OF DEATH
ours ofter deo	10 CI	Y OR TOWN OF DEATH ALTIMORE ALTIMORE ALRESTOPING FOR HOME OR	2322 CA	TOPORESSI LVENTIAL HOT.	12d USUAL OCCUPATION (TYPE O WORK FOR MOST OF WO	126 KIND OF BUSINESS OR INDUSTRY
ad within 24 hou mpferely filled in and 2 should be	130 S	TATE HRULAND THER'S NAME FIRST		YN 13d. INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN NA.	2322 C.	177ELL
Poges Poges	. 1	PAS DECEASED EVER IN U.S. AR. ES NOOR UNKNOWN) AFYES GW	MED FORCES? 166 SOCIAL SEC ELWAR OF TATES) 237-28	URITY NO. 17 INFORMANT 8-7007 EVELYN	Thompson) 2322 CAL VERTON
requires that the death certificial is signed by the attending physica. Then please remove carbon papers to burial, cremation, or removal.	NO	Conditions, il any, which gave rise to immediate cause (a), stating the underlying cause last	Ly ane couse per line far (a), (b), a) BY. D BY. DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	JENCE OF	MINAL DISEASE OR CONDIT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONLOW THE ONSET AND DEATH ONLY THE ONLOW THE ONSET AND DEATH ONLY THE ONSET AND DEATH ONLY THE ONL
CIAN: The low re physicion. refricate has been oil-tronsit permit oil Hygiene prior m 18 shows any	CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO NITEM 18 PART OR PART 2)
OR ATTENDING PHYSIC e hospital or oftending DIRECTOR. After this cel ched for use as the burio Dept of Health and Men	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that (I) (Management of the deceased alive an above, (I) (Management of the deceased alive an above, I) (Management of the deceased alive an above and I) (Management of the deceased alive an above an above an above an above and I) (Management of the deceased alive and I) (Management of the deceased alive an above and I) (Management of the	P.M. 21e PLACE OF INJURY 1AT HOME STREET FACTORY, OFFICE TO ottended the deceased from	FARM, ETC.) 21F LOCATION STREET	death accurred an the date	county state 19 , that (I) (Vertast and have and from the causes stated 22c. DATE SIGNED
TO HOSPITAL TO FUNERAL I should be deto with the State I MPORTANT. II		220, PHYSICIAN'S NAME (IVECO	MECH, JR	M.D. PHYSICIAN [DILKENS	AUE. BACTO
BP	(URIAL, CREMATION, REMOVAL SPECIFY) RIDTAL	10/9/85 G/	RRISON FORFST V	23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FU	EROY O. DYET	T F.H. 4800 1	IBERTY HEIGHT O	CT 8 1985 4	REGISTRANS SIGNATURE

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DIVISION OF VITAL RECORDS, 201 1	
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deor		FREDER		THOMP		1		
	3. SEX	(4. RACE		OF BIRTH TH DAY YEAR	6 AGE (IN YEARS LAST BIRTH		DAYS HOURS
		male	Black	MON 2	18 1934	51	YRS.	
3		RTHPLACE (STATE OR FOREIGN OUNTRY)	USA	MARRI		Baltimore city or		тн
23	E	altimore	VAMC, BALT	L, NURSING HOME GIVE STREET ADDRESS) TMORE MAR	OR OTHER INSTITUTION EYLAND	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Retired		IND OF BUSINE
35		AL RESIDENCE (IF NURSING HOME C TATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENTY	PENCE BEFORE ADMISSION Y OR TOWN TIMORE	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / 1730 N. Wat	zipçode rwick Ave	21216
o bo		THER'S NAME Robert	L. The	ompson	Alice Alice	ME	Gr	esham
medicol		VAS DECEASED EVER IN U.S. A (ES. 10 OR UNKNOWN) (IF YES, G	15 1111 0 00 0 11511	-40-9557	Geneva Thomp	son 1730 N.		Avenue
mation, a r traumat		Canditians, if any, which gave rise to immediate cause (a), statung the	DUE TO, OR AS A C	ONSEQUENCE OF	4			
or to buriol, cre	TION	underlying cause last. PART 2. OTHER SIGNIFICANT	(c) HPG CONDITIONS CONTRIBU					
t permit. Then pled ene prior to burial ows any injury, or	RTIFICATION	PART 2. OTHER SIGNIFICANT	(c)	TING TO DEATH BU	ON WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES []	FINDINGS USE AUSES OF DEA NO [
ental Hygiene prior to burral tem 18 shows any injury, or	DICAL CERTIFICATION	Underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE OF DISCONTRIBUTING CAUSE OF DISCONTRI	(c) HOC CONDITIONS CONTRIBU	OR WHICH OPERATION Y ONTH DAY YEAR 19	ON WAS PERFORMED 21c. HOW INJURY OCCUR	20a AUTOPSY? YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES []	FINDINGS USEI AUSES OF DEAT
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defloched for use os the burdictionsst permit. Then piec siste Dept, of Hoolth and Mental Hygiene prior to burial INT: If them 21 is marked or them 18 shows any injury, or		Underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [OR CONTRIBUTING [CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED AT WORK AT WORK AT WORK 220.1 certify that () (this hasp	CONDITIONS CONTRIBU 196, CONDITION FO 216, TIME OF INJUR ATH HOUR A.M. MO P.M. 21e, PLACE OF INJUR (AT HOME STREET, FACTO (ital) attended the deceas 10/20 A view the body after deceases	OR WHICH OPERATION Y NTH DAY YEAR 19 RY RY ONLY OFFICE FARM, ETC.) and from 8/22	21c. HOW INJURY OCCUR 21f LOCATION STREET 21g 19 85 and that in (XX(aur) apinion DEGREE ATTENDING	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOW	20b. IF YES, WERE FIN CERTIFYING CA YES IN ITEM 18 PART 1 OR PA N COUN 19 85 e and haur and froi	FIND INGS USES OF DEAT NO [
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injury, or other troumatic

Item 18 s

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STATE OF MARYLAND

	21716 41			13
EPARTMENT	OF HEAL	TH AND	MENTAL	HYGIENE
CE	RTIFICA	ATE OF	DEATH	

	REG. NO.				
	20. DATE OF DEATH MONTH	DAY	YEAR	26 HOU	IR
H	OCTOBER 9, 1985	5		8;30	P
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	22 YRS.	MONTHS	DAYS	HOURS	MIN

11010	WIII 06	March 28,1963
THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED
Maryland	USA	WIDOWED DIVORCED

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DEAN

9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY

BALTIMORE

SAMUEL

Vimuo

4. RACE

LOECEASED NAME

Mala

(TYPE OR PRINT)

3. SEX

RCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

12a. USUAL OCCUPATION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Maintenance Helper Engineering

> 21771 LAST Waits

Maryland	Carroll	Mt. Airy	138. INSIDE CITY LIMITS?	Mt. Airy Apts	
FATHER'S NAME FIRST James	MIDDLE Th	ompson	15. MOTHER'S MAIDEN I	MIDDLE	Wai
16g -WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? [IF YES, GIVE WAR OR DATES]	215-94-8315	Steven C.	2586°Van Brown, Mt. Airy,	Md. 2

THE JOHNS HOPKINS HOSPITAL

THOMPSON

S. DATE OF BIRTH

18 CAUSE OF DEATH (Enter only one couse per line) of (d), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) VTW	10 mins
Conditions, if ony, which (16) DUE TO, OR AS, A CONSEQUENCE OF	8hes
gove rise to immediate couse Io1, stating the underlying couse lost (c) DUE TO, OR AS A CONSEQUENCE OF CONTACT OF CONTA	12hrs

FIC	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	leas 1/5/44	28: AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUSE YES [
CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRED	(((((((((((((((((((MA 18 PART I OR PART 2	
MEDI	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	220.1 certify that (1) (this hospital)	attended the defeased from	7/82, 19	_, to	. 19	., that (I) (we)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c DATE SIGNED

	Clan	ATTENDING PHYSICIAN	MEDICAL .
22d PHYSICIAN'S NAME (TYPE OR PRINT)		22e ADDRESS	- 0

lan	PHYSICIAN	DIRECTOR [PHYSICIAN
7 _	22e ADDRESS	-0	1.0

cn	PHYSICIAN DIRECTOR PH	YSICIAN	1/80
TAN	220 ADDRESS	flookin	· Hos

		1/
3a. BURIAL, CREMATION, REMOVAL	23h DATE	230
Burial	Oct. 11, 1985	

NAME OF CEMETERY OR CREMATORY Pine Grove

23d LOCATION

Carroll Md.

24. FUNERAL DIRECTOR

OTin L. Molesworth, P.A., Damascus, Md.

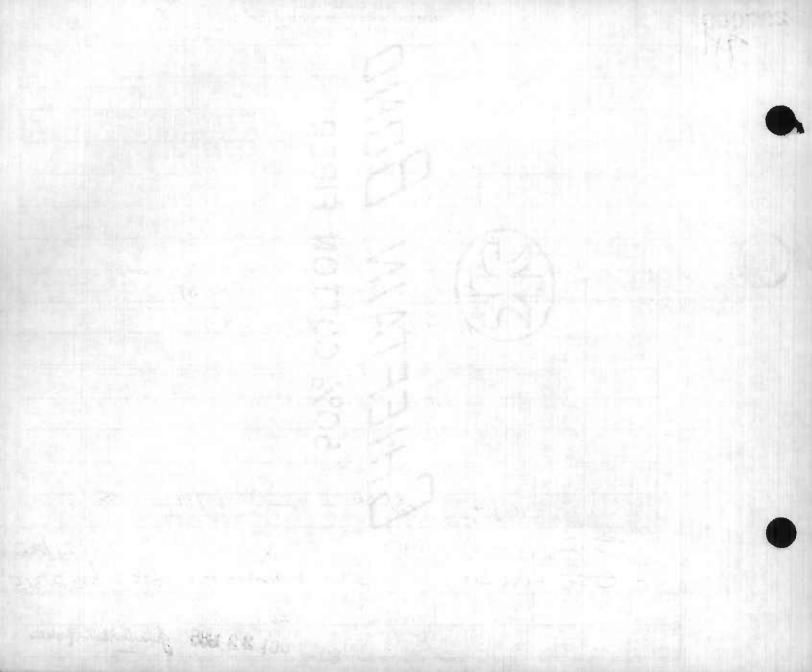
BY REGISTRAF 756 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

DIRECTOR:

O FUNERAL

100 . (The control of the control of



the funeral director, page 3 d within 72 hours after death ted within 24 haurs after death. Page TO FUNERAL DIRECTOR: After this certificate has been signed by the attendent should be detached for use as the burial-transit permit. Then please remove furbowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician.

injury, or other traumotic event,

MPORTANT: If them 21 is marked or them 18 shows

295074

STATE OF MARYLAND

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1.	FOR STATE			DEPART		EALTH AND	MENTAL HYG	IENES =	>	-	8	of b	1 1)
1 00	REGISTRAR			AIDDLE		AST.	PLATII		REG. NO					
	CEASED NAME E OR PRINT)	FIRST						20 DATE OF		10	DAY	YEAR	26. HOU	
		JOHN		F		RNTON	Jr.			10	8	85	4:35	1 M
3 SE	X		4. RACE		5. DATE C		YEAR	6. AGE (INY	EARS LAST BIRTH	(YAY)	MONTH	DER I YEAR	HOURS	MIN.
	Male		White		11	26	1920	6)	1	YRS				
7a. B	IRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER	MARRIED -	9 BALTIMO	RE CITY OR	COUN	ITY OF D	EATH		
	Georgia		USA		WIDOWE		DIVORCED TO	RAITI	MORE	CIT	V			MD.
	ITY OR TOWN OF	DEATH	11. NAME OF H	HOSPITAL, NURSIN	NG HOME C			120 USUAL C	DCCUPATIO	N	12	KINDO	F BUSINI	
PB	ALTIMORE	,	Loch	Raven V	A Hos	Intime		MODILIN	ent S			DUSTRY		
Usu	AL RESIDENCE (IF	NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	SDICAL	77					Mont	men.	TS.
	aryland	MA COU		136 CITY OR TOW	VN .			13e.STREET A	ADDRESS /	ZIP CO	DE	1061		
-	ATHER'S NAME	Attti	e Arunde	r Grenbu	rnie	YES	NO X	1746 M	larley	AV	e. 2	1061		
	FIRST		MIDDLE	LAST		13 MOTHER	FIRST	WE	MIDDLE			LAS	ī	
	John F. T					Cor	ine Bal	Lchin						
	WAS DECEASED EN		RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORM		famala a	5985	S.	Cre	stbro	ook I	Dr.
	(es	WW.	_	257-01-3	323	ratsy.	-Susan N	monanar.	Morr					
	T	EATH (Enter o	nly ane cause per	line fai (a), (b), an	nd Icil								MATE INTE	RVAL
	PART I. DE ATI	H WAS CAUSI	ED BY:	CARDIO		anne	Annes	4				BET WEETEN	214361 2140	/PLANI
	10000	IMMEDIA	TE CAUSE (a)											
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	Canditions, if a	immediate	(p)	CIMOWIC	00311	CO CALOZ) Joor Lives	MHOP DI	2002					
	cause (a), st underlying co	ating the	DUE TO, OF	R AS A CONSEOU										
			((c)	TUBERC	vious	CHUIT	Y X FIG	360212	BILM	ELW	<u></u>			
7	PART 2 OTHER S	IGNIFICANT	CONDITIONS <u>CC</u>	DATRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	E OR COND	ITION	GIVEN IN	PART 110	2	
ē	2000 NT 73													
CERTIFICATION	190 DATE OF OPE	RATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO	PSY?	20b. IF	YES, WER	CAUSES	OF DEAT	D TH2
E	ELSELLINE.							YES 🗌	NO		YES 🗌	CAUSES	NO [
1 8	210. ACCIDENT WAS	-	216. TIME O			21c. HOW I	NJURY OCCURR	RED (ENTERNA	TURE OF INJURY	IN ITEM I	B PART I C	RPART 2)		
	OR CONTRIBUTING				AY YEAR									
MEDICAL	21d. INJURY OCC		21e PLACE (OF INJURY		21f LOCAT	ION	711 34						
A M	WHILE NO	T WHILE	(AT HOME STR	EET, FACTORY OFFICE,	FARM, ETC)	STRE	ΕT		CITY OR TOW	N	C	OUNTY	5	STATE
	AT WORK	WORK		e deceased from_	SEPTE	WRER 1	6 10 85		TOBER	8		85	X	
							, 17	, 10	2000		17		that-(% (we) last
	abave, X) (w	e) (did) (did no	OCTOBE	after death.			r) (aur) apinian d	death accurred	d an the dat	e and h				ated
	22b. SIGNATURE	1	A 0			DEGREE	ATTENIONIO		67.55		1	2c. DATE		
	1000	A.	hange			IND	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI	ANX		1019	7185	
1	224 PHYSICIAN'S	NAME	10.			22e ADDRE	SS					100		
	5.	12AGE	5 0	UD										
23a	BURIAL, CREMATIC			236	NAME OF C	EMETERY OF	CREMATORY	73d LOCA	TION		-			
	(SPECIFY)							CITY	ORTOWN		cou		S	STATE
74 F	Cremation UNERAL DIRECTOR		1 10/18	/85 ILou	idon E	ank Ul	rematory	E REC'D. BY RI	1timo	re.	Mary	land	IDE	
	TO THE T	aufman	Funeral	HOMESS			nê.	TIRK	מאס		DEUTES		OKb. og	9
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DHMH - 16 60M 7/84 (VRA 15, 4)

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- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

	REG. NO.			,	
	10/1/85	OAY	YEAR	26 HOU	JR 45
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UND	ER 1 YE AR	IF UNDER	2a HRS
2	72 YRS	MONTH	DAYS	HOURS	MIN.
	9 BALTIMORE CITY OR COUNT	Y OF D	EATH		
	BALTIMORE CITY				MD
	120 USUAL OCCUPATION		KINDO	F BUSIN	ESS OR

I DECEASED INAME	MIND SEE	474			20 DAIL OI DEAIL			28 HOOF	
SRAEL		TIN ANOFF			10/11		9:45		
3 SEX	4 RACE	5. DATE O		YEAR	6 AGE (IN YEARS LAST BIRT	_	MONTHS DATS	HOURS	24 HRS
MALE WHITE		10	20	1912	72	YRS			,,,,,,
To BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED WIDOWED DIVORCED			9 BALTIMORE CITY OR COUNTY OF DEATH				
MARYLAND USA					BALTIMORE CITY				MD.
BALTIMORE	G HOME OR OTHER INSTITUTION DORESS) HOSP.			120 USUAL OCCUPATION (149E OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BUTTON HOLE MAKER CLOTHING					
MARYLAND BAL	DIHLI INSTITUTION GIVE RESIDENCE BEFORE 131, CITY OR TOW BALTIMO	RE	13d INSIDE CI	- 🗆	130 STREET ADDRESS / 7 200 VALL	ZIP CODE	APT. UNTRY C	3-B T. 2	21208
FATHER'S NAME NATHAN	TINANOFF		15 MOTHER'S	DORA	WIDOLE		CÔ	HEN	
WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU 213-16-1		7200		. SARAH TIN			MD 21	
PART I. DEATH WAS CAUSE	lly ane cause per line for (a), (b), one D BY: [E CAUSE (a) Card!		ulmon	any	ownes		BETWEEN C	MATE INTERV	DEATH
Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE		g.	ald	diseour-	<u> </u>			
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE								
	conditions <u>contributing to </u>		- C.	1.0					
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSÝ? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO				
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	(IN	AY YEAR	21c HOW IN.	JURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	PART I OR PART 2)		

21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE

220 I certify that (I) (this hospital) attended the deceased fram saw the deceased alive on_ and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death DEGREE 22r. DATE SIGNED 22b. SIGNATURE MEDICAL STAFF
DIRECTOR PHYSICIAN

IAN'S NAME (TYPE OR PRINT) 22e ADDRESS

10-1-1985 Hospital

230 BURIAL, CREMATION, REMOVAL BURIAL

KIRTIKANT

OCT.2,1985

DESAI

231 NAME OF CEMETERY OR CREMATORY BNAI JACOB LODGE

(ADATH YESHÜRUN)

BALTIMORE MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

should be detached with the State Dept.

and Mentot Hygiene pr

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. REGISTRAR 256. REGISTRAR'S SIGNATURE

REISTERSTOWN RD BALTO. MD 21215

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

18 1985

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

REGISTRAR							REG. I	10.						
DECEASED NAME	FIRST	M	IDDLE	t.	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	?		
(TIPE OR PRINT)	Joan		E	To	land			10	16	85	7:0	0 A.		
I. SEX		4 RACE		5. DATE C			6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER	DATS	HOURS			
Female		White		7 MONTH	4	1921	64	YRS		DATS	HOURS	MIN.		
O. BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF V	VHAT COUNTR	XY? 8	D NEVER	MARRIED [9. BALTIMORE CITY	OR COUN	TY OF DE	ATH				
England		U.S.	Α.	WIDOWE		VORCED T	Baltimore	, Ci	Lty			MD.		
B. CITY OR TOWN OF		11. NAME OF H	OSPITAL, NUR		OR OTHER INS	TITUTION	120 USUAL OCCUPA			KIND O	F BUSINE			
Baltimore			Birchwo		. 2121	4	Retired	OF WORKING			vrite	r,		
JSUAL RESIDENCE (IF	NURSING HOME OF		GIVE RESIDENCE BEI		113d INSIDE C	ITV I MAITE?	13e STREET ADDRESS	/ 710 00		ACH DA				
Maryland			Balto.		YES X	NO [6209 Bir				2121	4		
FATHER'S NAME		MIDDLE	LAST		15 MOTHER	S MAIDEN NAM	MIDDLE		100					
Theodo	re	E.	Scrive	en	A	nna	WIDDLE		A	1der	ton			
O WAS DECEASED E			166 SOCIAL SE	CURITY NO.	17 INFORMA	ANT	ADD	RESS						
NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	215-30	-0538	Mr. R	lobert (C. Toland	Same	as	as 13e				
18 CAUSE OF D	EATH (Enter or	nly ane cause per	line for tal, 1b	and ic					1 0	APPROXI	MATE INTER	/AI		
PARTI. DEAT	H WAS CAUSE	TE CAUSE (o)	Candi	ac Ari										
	MANAGOIA													
		DUE TO, OR	AS A CONSEC	DUENCE OF										
Conditions, if	any, which	(b)												
gove rise to cause (a), st		DUE TO OR	AS A CONSEC	DUENCE OF										
underlying co	iuse lost	((6)							2					
	IGNIFICANT	CANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI							IVEN IN P	ART 110	1			
o o														
19a DATE OF OPI	RATION	196 CONDIT	TION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		, WERE FINDINGS USED YING CAUSES OF DEATH?					
							YES NO		YES []	AUSES	NO T			
210 ACCIDENT WAS	UNDERLYING	216 TIME OF			21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	IURY IN ITEM 1	PARTION!	PART 2}				
		ATPA	A. MONTH	DAY YEAR										
OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC		21e. PLACE C		19	ZIE LOCATE	NC						-		
ANUTE I ME	WHILE WORK		EET FACTORY, OFFI	CE FARM, ETC)	STREET		CITY OR 1	OWN	COL	MIA	51	ATE		
		tol) ottended the	deceased from	m		19	to		. 19	1	that (I) (w	e) last		
saw the dec	eased alive an	wew the body o	atter death	. ar	nd that in (my)	(our) opinian c	leath accurred on the	date and h	aur and fr	om the	causes sta	ted		
226. SIGNATURE		//			DEGREE					-	SIGNED			
	Mude				ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					10/10/85				
228. PHYSICIAN			22e ADDRES	- Janes of Amoretina										
James C. Ricely M.D.					7801	York Ro	Towson	ı, Mai	glan	d				
230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAM					EMETERY OR	CREMATORY	23d LOCATION							
Cremation 10/17/85				Westv:	iew		Balto		NaI	to,	M	ld.		
FUNERAL DIRECTOR					212	214 250 DATE	REC'D. BY REGISTRA	R 25b REGI	STRAR'S S	IGNAT	UREndal	St.		
Leonard J.	Ruck.	Inc.	ADDRES	Salto. 1	Md	0	CT 1 8 108	1	4 2649	They are	1			

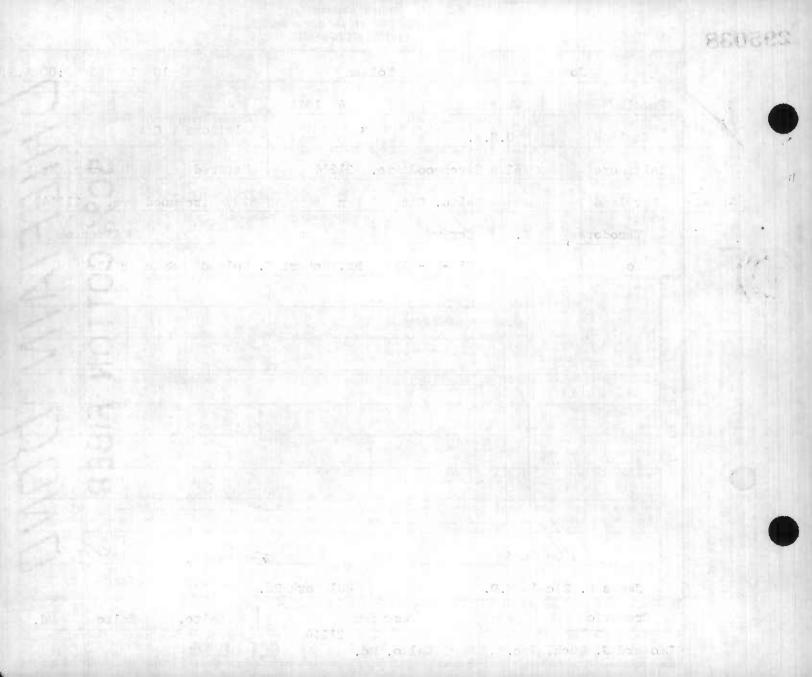
Balto. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR				CERTII	FICATE OF DEATH	REG. N	0.					
	CEASED NAME	FIRST		MIDDLE		LAST	2a DATE OF DEATH	HTMOM	DAY	YEAR	26 HOUR		
(146)	: OR PRINTI	Lena		N.	To	ngue		10	11	85	4 a		
3 SE	X	4	RACE			OF BIRTH	6. AGE (IN YEARS LAST BIE	(YAGHTS	IF UNDE		IF UNDER 24 HRS		
	Female		Whit	е	Jur		94	YRS	MONTHS		HOURS MIN.		
	COUNTRY) Ky	FOREIGN 71	USA	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED DIVORCED	Baltimore City of				M		
	Baltimor	e	Unio	n Memor	ial	OR OTHER INSTITUTION Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOMEMAKE)	DR MOST OF WORKING LIFE) INDUSTRY					
	AL RESIDENCE (IF NURS	13b COUNT		Baltimor	N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CO	N. CI	narl	2/2/ es St.		
DO	THER'S NAME Charle	S	DDLE	Berchdorf		Is MOTHER'S MAIDEN NAM		Bro	wnine	LAS	Л		
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	219 16 8		Dr. Graydon S	chreiber 13		estel	llen	2120 Rd.		
	Conditions, if ony, gove rise to improve to improve the improve the improve the improve the improvement of t	AS CAUSED IMMEDIATE which nediate ng the	DUE TO, O	myocar	ence of lary	infarction artery disease	50		8	G W	MATE INTERVAL ONSET AND DEATH		
NOI	PART 2 OTHER SIGN		NDITIONS CO	ONTRIBUTING TO (DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION G	IVEN IN F	ART 110	5		
TIFICAT	190. DATE OF OPERA	NOI	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERT			OF DEATH?		
MEDICAL CERTIFICATION	21a, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI- 21d, INJURY OCCUR! WHILE NOT WH	CAUSE OF DEATH	P. 21e PLACE	M. MONTH DA	19	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJU		PART OR		STATE		
	22a. I certify that (II) saw the decease above. (Miwe) k 22b. SIGNATORE	(this haspita dialive an did) (did nat)	A.	1 1	<u>kS_</u> , o	DEGREE ATTENDING PHYSICIAN F	death accurred on the d	FF 4 A		om the	that (I) ((e) as causes stated StGNED		
	224 PHYSICIAN'S IN		PRINT	A		122e ADDRESS] DIRECTOR [] THISR	- LA		-			

DIVISION OF VITAL RECORDS, 201

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for with the State Dept of

M

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE 10/12/1985

Dr. Margaret M. Vaughan

Mitchell-Wiedefeld Home ¢500 York Rd.

23c NAME OF CEMETERY OR CREMATORY Lorraine Cemetery

Woodlawn

Balto

Md

250. DATE REC'D BY PEGISS 256. REGISTRAR'S GLOWATURE

Union Memorial Hospital







0361740		ECEASED NAME	FIRST	WIDDLE	LA	Jr.	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HO	UR
oge 3 deoth		C	lement	S.	10	wnsend	10-07	-85	8	AN
moy ter d	3 S	X	4 RACE		5 DATE OF		6 AGE (IN YEARS LAST B	RTHDAY) IF UNC		ER 24 HRS
rs of a		Male	Wr	nite	Apri		63	YRS.	DATS ROOKS	Min
8 32 5	770	COUNTRY)	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED 🏖	9. BALTIMORE CITY	OR COUNTY OF D	EATH	
1 CK	1	Md.	USA		WIDOWED		Balti	more Sity	V	M
1 11 00	10 0	ITY OR TOWN OF DEA		HOSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST	TION 121	L KIND OF BUSIN	VESS O
1 11 70	1	Baltimor	e John	L. Deato	n Med	ical Center		Depender		
2 11 1	I Use	JAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION	136 CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
100		Md.	Baltimore	Catonsvi		YES NO X	45 Wade A		21228	
C. E. Ad	217	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
100	W	Clement		lownsend S	Sr.	Ottilie		Spath	thui	
ond oge oge	160.	WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS	112	01
Pogn.		no	-1	219-20-9	9619	Mr. Thomas	Spath 140.	Amity St	Brookly	n.
sicro sicro ral		18 CAUSE OF DEAT	H (Enter only one couse per	line for (a), (b), and	diesi	0		L	APPROXIMATE INT	
ph)		PART I. DEATH W	IMMEDIATE CAUSE (II)	ardios	uln	assole to	Elecro.			
din orbit		1000	DUE TO L	BAS A CONSERVE	INCE OF .	11		100		
tten ve c ion.		Conditions, if any,		healted	e-1	reserve e	elcare-	13000		
not a d		gove rise to imr	nediote)		V					
or the		underlying couse		CONSECUE	iles	20 DE				
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sign sign hen laben	Z	PART 2 OTHER SIGN	TIFICANT CONDITIONS C	ON KIBOTING TO L	JEATH BUT P	NOT KELATED TO THE TERM	MINAL DISEASE OR COI	ADITION GIVEN IN	PAKI HO	
been mit T	CERTIFICATION	190 DATE OF OPERA	TION 196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEF	RE FINDINGS USI	ED
n. n. perm	1 2						YES T NOT		CAUSES OF DEA	ATH?
N: The hysicion in core in consist Hygie	1 1 1	210, ACCIDENT WAS UNI	DERLYING 716. TIME C	OF INJURY		21c HOW INJURY OCCUR				<u> </u>
4 d 4 1 0 c	/	OR CONTRIBUTING	LAUSE OF DEATH	M. MONTH DA						
rent rent Hen	MEDICAL	21d INJURY OCCUR		M. OF INJURY	19	211 LOCATION				
PHY tendi the bi nd M	MEC	WHILE NOT WH	LAT HOME ST	REET FACTORY OFFICE, F.	ARM, ETC }	STREET	CITY OR I	OWN C	OUNTY	STATE
NG Affer ork		AT WORK AT WO	RK —		> X	TA 0	0-0	6		
Teoles E		220 I certify that (I)	(this hosp of oftended the	ne deceased from	NC	105	10	190		(we) lo
Spirto CTO I for		sow the decease	did (did not) view the body	ofter death	, one	that in (my) (our) opinion	death occurred on the	date and hour and	from the couses s	toted
OR borked		226 SIGNATURE	4 1		D	EGREE		2	22c. DATE SIGNED)
		X	(1) Kago	4		ATTENDING PHYSICIAN [MEDICAL STA	AFF ICIAN []	18/7/0	_
HOSPITAL ned by th FUNERAL Juld be det of the State		22d. PHYSI JAN 5/4	AME ITHE OFFINE			22e ADDRESS			0110	,
FUT PARTY ORI			TORE	7	11.00	61150	HAS ST	- Ban	= MD	11
TO HOSPITA retained by TO FUNERA should be de with the Stat	220	BURIAL, CREMATION,	REMOVAL 23b. DATE	227 K	JAME OF CE	METERY OR CREMATORY	23d LOCATION	, 11114	0,	7
BP.	130	(SPECIFY)					CITY OR TOWN	coul	NTY	STATE
br	26	Burial	Uct.9.	1985 Lo	oudon	Park	Baltimo	re	M	d
DHMH - 16 60M 7/84 (VRA 15, 4)	24	L'éonard	J. Ruck Inc.	Baltimor	re, Ma	ryland 250 DA	CT 8 1985	RI256 REGISTRAR'S	SIGNATURE 1	La

FOR

I. DECEASED NAME

REGISTRAR

1 - STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

Jr. 20. DATE OF DEATH MONTH

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Winds Court fell

metal Det.0, 1885 London Park

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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5	ha	O	4	
REG NO				

		REGISTRAR				CERTII	ICAIL OI D	LAIII	REG. N	0.		
		CEASED NAME OR PRINT)	LEO	J.	MIDDLE	TRAGES	er ER			10 20	85	26 HOUR 9:35A M
	3. SEX	(ale		White		S DATE C		33	6 AGE (IN YEARS LAST BIR	_	ONTHS DAYS	1F UNDER 24 HRS HOURS MIN.
5	N	RTHPLACE (STATE OR LOUNTRY)		76. CITIZEN OF	S.A.	MARRIEI WIDOWE	D NEVERA	ARRIED T	9 BALTIMORE CITY C			MD
1	Ba	I OR TOWN OF DE.		VAMC,	ALT IM	DRE MARY		NOITUTI	Boat Build	ION OF WORKING LIFE ET	Boat Boat	OF BUSINESS OR Induntry
2	13a. S	AL RESIDENCE (IF NUR STATE LTY Land	136. COUN		13 CITY OR Pasa	TOWN LTOWN Lena	13d INSIDE C	NO XX	8680 Head	Ha bour	2	21122
2	JA FA	THER'S NAME Leo		MIDDLE M		ageser	15. MOTHER'S	MAIDEN NAA	WIDDLE		LA	NST
)	16# W	VAS DECEASED EVER VES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES) EAN		28-9649	James	Trages	ser Same	as 13		
		18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSE IMMEDIA	D BY. TE CAUSE (a) DUE TO, OI	Ser	SIS						XIMATE INTERVAL LONSET AND DEATH
	No	gove rise to im cause 101, stati underlying cause PART 2 OTHER SIG	mediate ng the e last	CONDITIONS CO	ONTRIBUTING	SEQUENCE OF	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 1	ła
	CERTIFICATION	190 DATE OF OPERA 9/23/8	TION	athe	TION FOR W	COSIS 9	E carot	ol arte		IN CERTIFY YES		INGS USED S OF DEATH? NO
The state of the s	MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d. IN JURY OCCUR	CAUSE OF DEA	HOUR A.	M. MONTH M. OF INJURY	DAY YEAR 19 DEFICE, FARM, ETC 1	211 LOCATIO		RED (ENTER NATURE OF INJU		COUNTY	STATE
		220.1 certify the NOT saw the decease	(this haspi	10/20		UL	and that in XOX	_, 19 <u>85</u> (aur) opinian (to 10/20 death occurred an the d		9 85 and from the	that (1: (we) lost causes stated
		22d PHYSICIAN'S N	AME (IVA	701	In a	0	22e ADDRES	TTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC	CIAN	10/	SIGNED
	23o B	Al SURIAL, CREMATION	len L		ar,m	D 23c NAME OF C	<u> </u>		PAVEN BLVD.	BALTIN	MORE, 1	MD. 21218
	(SPECIFY Buria	_	10/23/	/85	Marylan		Cem.	CrownsV11		APIS SIGNIA	Md
41	ZH FL	JINERAL DIRECTOR						230 DAI	L REC D. DI REGISTRAR	TOUR RECOILS IN	ANDICCAE	TURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

George J. Gonce 4001 Ritchie Hgwy Balto Md

256 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

OCT 22 1985

Fulia duidon Andon.

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- 00	1.	FOR STATE		DEPART			MENTAL HYGI	ENES 3	de f	5	1 0
302069	1	REGISTRAR			CERTIF	CATE OF D	DEATH	RE	G. NO.		
,		EASED NAME FIRST	1 / 0	MIDDLE	L	AST	,	2a. DATE OF DE A		DAY YEAR	7h HOUR
poge 3	(TYPE	ORPRINT) HOWO	RROWII	liam	TRA	YNH	AM		10 2.	3 85	6.57Am
You od	3. SE)		4 RACE		5. DATE O	FBIRTH		AGE (IN YEARS L		IF UNDER 1 YEAR	E IF UNDER 24 HRS.
offic.		M	D		MONTH	15	YEAR 23		62 _{YRS} "	NONTHS DAYS	HOURS MIN.
Poggine dire	7a B1	RTHPLACE ASTATE OR FOREIGN	7h CITIZEN OF	WHAT COUNTRY?	8	V			ITY OR COUNTY	OF DEATH	
7 25 25 th		OUNTRY)			MARRIE		MARRIED -	Re	Iti ma	o cia	ty
de thin	10 CI	Maryland TY OR TOWN OF DEATH	U.S.	HOSPITAL NURSIN	WIDOWE NG HOME O		VORCED	12a USUAL OCC		~	OF BUSINESS OR
1 2 211	10 0		(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS]				MOST OF WORKING LIFE		
2 FE SY	MSIL	Baltimore AL RESIDENCE (IF NORSING HOR		ECOUR H		LAL				1	21215
2 20 20	13a S	TATE 13b C	OUNTY	13c. CITY OR TOW	/N	13d INSIDE C	ITY LIMITS?	STREET ADDI	ESS / ZIP CODE	o Cir	cle Sout
1		ryland -		Baltimo	re	YES 🔼			agecomb	e cii	CIE SOUCI
(P Is -	14. FA	THER'S NAME FIRST	MIDDLE	LAST	100		S MAIDEN NAM	AA II	DDLE	immoń	AST
1 150		ayton		ynham			zzie S			THURION	15
20 4		VAS DECEASED EVER IN U.S	. ARMED FORCES? 5. GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMA			ADDRESS TO	1-1	who sime
7 16 1/	ye		0-1F 1	214-14	-414	Joy	ce Tra	ynnam	2860 E		ombe circ
1 100		18 CAUSE OF DEATH (Ente					,			BETWEEN	NONSET AND DEATH
A PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUMN TO		PART I. DEATH WAS CA		Carpi	ac c	ure	et				
# 64 0 H			DUE TO C	RAS A CONSEQU	ENCE OF	ore l	ral Vo	ascule	n Disse	ave	
The same		Conditions, if ony, which	((b)_	SEPSI	5						
4 2 1 1 1	18	gove rise to immediate couse (a), stating the		R AS A CONSEQU	ENCE OF						
五 五十二十		underlying couse last		H RONI	c of	BSXRU	ctive	Duln	onaRy	Dis.	Rase
1000	z	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	AL DISEASE OR	CONDITION GIV	EN IN PART I	(0)
8 10 1	CERTIFICATION	198 DATE OF OPERATION	TINK CONF	OITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY	? I20b. IF YES	, WERE FIND	INGS USED
9 555 7	FI.	THE DATE OF GREATHON	110.00.10						IN CERTIF	YING CAUSE	S OF DEATH?
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T = 1 7 9 9	MEC	21d INJURY OCCURRED	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, I	FARM ETC)	STREET		CIT	YORTOWN	COUNTY	STATE
Day of the state o	134	AT WORK AT WORK		WD 51500		194	PC	-	10/52	At-	
ON HOLE		22a I certify that (I) (this	/^	he deceased fram_	P5 . or	1.1 ()		, to	11-11-1-11-1	19_4	, that (I) (we) lost
F # 525 E		sow the deceased aliv obave, (I) (we) (did) (d		ofter death.			(oor) opinian o	eorn accurred on	the dote and hou		
S S S S S S S S S S S S S S S S S S S		27b. SIGNATURE	0 .10	7/1	A	DEGREE	ATTENDING .	MEDICAL	STAFF	77c. DAII	E SIGNED
ZAL ZAL		Men	5 - Jan	Hum	1	4. D.	ATTENDING PHYSICIAN P	DIRECTOR P			123/80
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Poined to FUN		KUANG	- YEN	HU A	NG		BON	Sele	ours	HOS	pital
0 g 0 g x x		BURIAL, CREMATION, REMO	VAL 236 DATE	23с.	NAME OF C	EMETERY OR	CREMATORY	23d LOCATIO		COUNTY	STATE
BP		URIAL	10-2	28-85	SARRI	SON FO	OREST	Owin	gs Mill	ls	Maryland
DHMH - 16 50M 4/B3	24. FI	JNERAL DIRECTOR /					25a. DATE	REC'D. BY REGIS	TRAR 256 REGIST	RAR'S SIGNA	TURE
(VRA 15, 4)	W	.C.MARCH F/	H CO.	1101 E.	Nort	h Ave	. 001	40 198	2	-1	

CHOSOD House william The Secretary

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

I.O HOSPITAL OK A LIENDING PHYSKLAN: The low requires that the death certifical the manning of theirs offer death. Page retained by the haspital or offending physician or sensitive the funeral direct TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician man, the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon poets: common man have been defined within 72 hours with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or remover.		
) FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicial and carefulling filled in by the funeral direct ould be detached for use as the burial-transit permit. Then please remove carbon page. The signed filled within 72 hours the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifical retained by the haspital or attending physician.	Carallellin 24 hours offer death. Page
	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and should be detached for use as the burial-transit permit. Then please remove carbon populations with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remove.	filled in by the funeral direction of the funeral direction of the filed within 72 hours

						REG. N	0.				
	PECEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR 04		
	JAME	S		TR	RICE	11.34.7.33	10/6	1 85	10 a		
3. 5	EX	4 RACE		5. DATE (6 AGE (IN YEARS LAST BIR		ONTHS DATE	IF UNDER 24 HRS		
	M	В			0-45	40	YRS.	J. T. J.	MIN.		
7 a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH			
	N.C.	U.S.A	Δ .	WIDOWE		BALTIMO	RE CT	ידיע	MI		
10	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME O	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ION	126 KIND O	F BUSINESS OR		
1	BALTIMORE		CH FACILITY, GIVE STREET OHNS HO		HOSPITAL	(TYPE OF WORK FOR MOST C	F WORKING LIFE)	INDUSTRY			
US	UAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)				1			
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	FIRST	TRICE JR. JANNIE							1		
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	(YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	AND A								
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		((c)		+105					71		
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Ē						YES NO	YES		NO		
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	226 SIGNATURE	14	1		DEGREE			22c DATE	SIGNED		
	9.01.	Jaine	N		ATTENDING PHYSICIAN	MEDICAL STA		10/1	0/85		
1	228 PHYSICIAN'S NAME (TYPE	OR PRINT)	-10		22e ADDRESS		4.4.1				
	P.L. G	MENE	R		JHH						
	BURIAL, CREMATION, REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			VI.AND		
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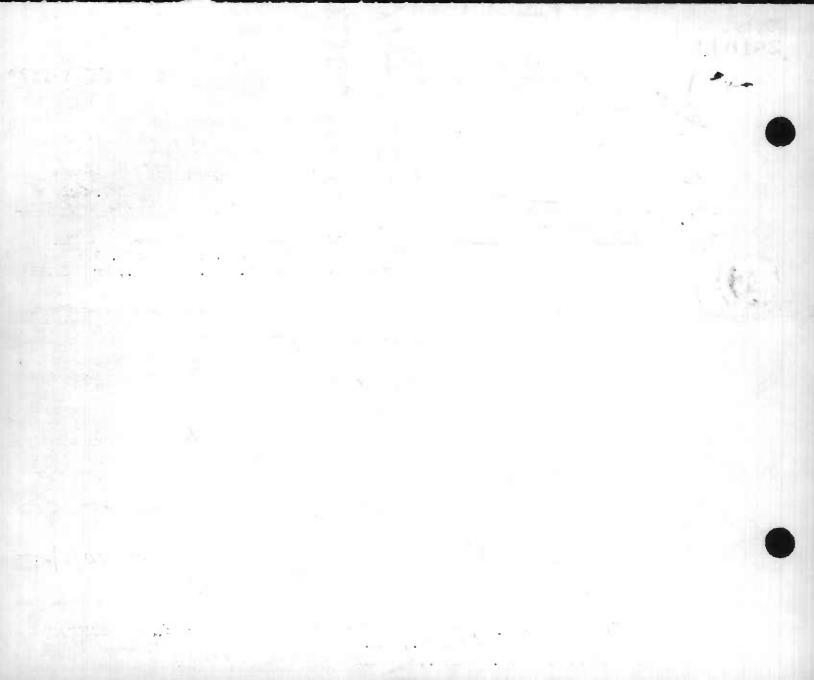
DHMH - 16 60M 7/B4 (VRA 15, 4)

W.C.MARCH F/H CO.

24 FUNERAL DIRECTOR

1101 E. NORTH AVE.

DIVISION OF VIT



STATE OF MARYLAND

Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR						REG. NO).			
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	F WST	MIDDLE	Troutner		Be	ertha	MIDDLE		Ryan	>1	
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LT10	190 DATE OF OPERAT	HON LIBY C	ONDITION FOR WHICH	OPERATIO			200 AUTOPSY?	20b. IF YES, V	WEDE EINIDII	NCS USED	
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24 FL	JNERAL DIRECTOR					25a DAT	E REC'D. BY REGISTRAR	25b. REGISTA	AS SIGNAT	TURE	

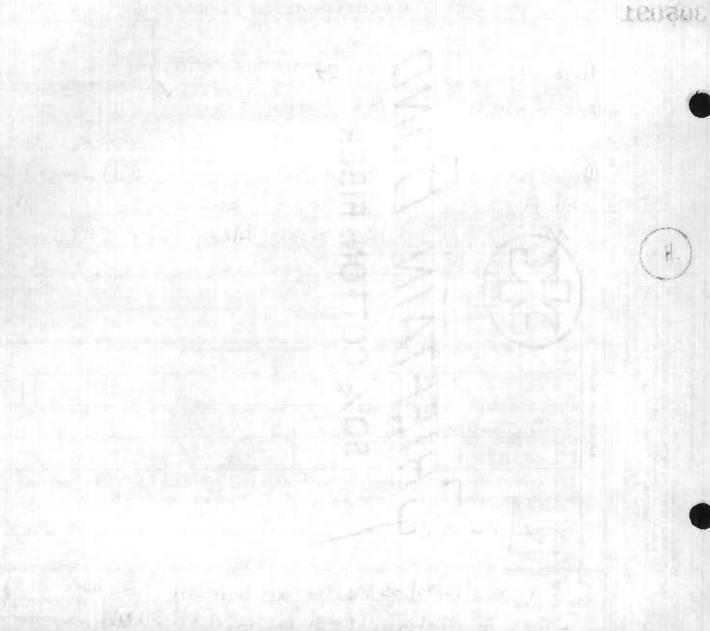
DHMH - 16 60M 7/B4 (VRA 15, 4) usial 16-16-5 arrens o fairly verting along, a.

Charles S. Zeiler S. or Mrs. 0221 Servers No.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 301050 DECEASED NAME MONTH 20. DATE KNOWN X7 2h HOUR (TYPE OR PRINT) K. Esther Turnbull DEATH MATED 10/18/19 85 4 RACE SEX 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS DATE FUNERAL DIRECTOR YOUR MONTH YEAR LAST BIRTHDAY RONOUNCED 18 90 YRS 10 95 Female Caucasian DEAD 18/19 85 P BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland United States WIDOWED IX Faltimore City DIVORCED ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 3100 St. Paul Street TAIN PA Baltimore Apt. 511 Homemaker USUAL RESIDENCE UE MAE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE 3100 St. Paul Street Apt. 511 Baltimore Maryland NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE (Unknown) Grace Edward Μ. Kennard 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO Mr. David Turnbull (YES, NO, OR UNKNOWN) Unknown No 1701 Glencoe Rd. Sparks, MD. 21152 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate CREMATION, OR cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA HEALTH CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOX 3 SHOULD BE L DEPARTMENT C ICATE, WRITING THE WO FORWARDED TO THE TOR: PAGE 3 SHOULD B 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE FUNIRAL DIRECTOR: PAGE ER DEATH, WITH THE STATE (Inspection X 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinion Natural coules X death resulted fram: Accident Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 10/19/85 SIGNATURE **EXAMINER'S NAME** PAGE A R. Kauffman, M.D. 111 Penn St. TYPE OR PRINT) Gregory ADDRESS 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g BURIAL CREMATION REMOVAL 23b. DATE Baltimore MD Woodlawn 10/21/85 Woodlawn Cemetery Burial 07/84 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. | 250. DATE REC'D. BY REGISTRAR | 256 REGISTRAR'S SIGNATURE **DHMH** - 17 8728 Liberty Rd. Randallstown, MD. (VR A15 ME (5))

STATE OF MARYLAND

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	IS NECESSARY, PLEASE - E-FUNERAL DIRECTOR. E-S-FOR YOUR FILES. D, WITHIN 72 HOURS I W PRESTON STREET,	Tim	TY OR TOWN OF E		NAME OF HOS	TALL ATTO	THOU DIALS			DIVORCE	120 USUAL C		lmore	-	4	D OF BUS	MD
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DIVISION	SE S	MEDICAL	COUNTY			TORY, FARM, ET		ST	REET			YORTOWN		co	UNTY		STATE
۵	E, WRIT E, WRIT E, WRIT PAGE: STATE 21201		AT WORK	WORK	st	reet		2200	blk.	. Nort	folk S	t., 1	Balto	. Ci	ty,		MD
	ER: THIS CERTIFIC ATE, WRITING TI ATE, WRITING TI OR: PAGE 3 SHOI HE STATE DEPART VD, 21201 PRIOR		22a Leartify th	at I took charge of	the remains des	cribed aba	ve held an	Autapsy	/ [X]	Inspection		iquiry [7	in my ap		1000	
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	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH TI BALTIMORE, MARYLAIL	23a.B	URIAL, CREMATIO	V, REMOVAL 236 D	DATE .	23c. N	IAME OF CEA			DRY	23d LOCAT	ION					
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	O BEEFE	10 CI	Baltima		11 NAME OF HOS	CILITY, GIVE ST	REET ADDRESS)	OR OTHE	ER INSTITUT	TION	PER M	OST OF WOR	ENGLIFE)	TYPE OF WOR	0	R INDUST	RY
11201	PERMIN TO SERVING STATE OF THE	USUA 130 S		IF IN NURSING HOME (OR OTHER INSTITUTION, GIV		OR TOWN		13d. INSIDE CI	ITY LIMITS?		ET ADDRE		lain		2/2	160
g.	- KNWW -	14. FA	THER'S NAME			-	201 11 0			R'S MAIDEN	NAME			J			
/ H.	25/25/20	(3 Cor	60 111	Turner	L	AST	100	5	RST		í	IDDLE	Tur	10-	LAST	
(93	BES Z		VAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOC	IAL SECURITY N	10.	17. INFORA	AANT			ADDRE		16.1		-11.
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201 W.			lying cause	stating the <u>under</u> se last.	DUE TO, OR	AS A CON	SEQUENCE OF										
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OF.	THE WOULD BE TAKEN THE CATE OF	W.		L CAUSE WAS	216 TIME OF		DAY YEAR	21c HO	W INJURY	OCCURRED	(ENTERN	ATURE OF IN	URY IN ITEM	18 PART 1 OR	PART 2)	E* (B)	
NO	OR THE	MEDICAL	UNDERLYING CONTRIBUTION	X OR IG ☐ CAUSE OF	DEATH ? P.M.		8- 1985	Sub	ject a	appare	ently	fel	1 dov	wn ste	eps.		
NSI N	CERTIFIC TING THE SED TO 3 SHOULDEPART	D D	21d INJURY O		21e PLACE C	ORY, FARM, ET		211_LOC	ATION			CITY OR TO			COUNTY		
ō	SER REE	5	AT WORK	AT WORK	hom		C.)	281	7 Elg	in Ave	e., E	Balto	•		CONIT		MD
	ME. TH VIE, WA DRWA R: PA ID 21:	5	220 1 certif	y that I taak charg	ge of the remains desi	cribed abov	ve, held an	lead Autops	y ON LY	Inspection		Inquiry		and in my	opinion		
-	MAN FETO FTTO YLAN		death resulte	d fram: Natu	ral causes .	Accident				ride .	Undete	rmined mo],			
	EXAMIN CERTIFIC ULD BE I DIRECT (, WITH T			1	-				TITLE (SI	PECIFY)							
	ICAL EXA SHOULD SHOULD BRAL DIR EATH, WII		ACTUAL SIGNATURE_	M	SVX	2		M.	Assi	stant	MEDI	CAL EXAM	INER	DAT	E 1	0-21-	-85
	TO MEDICAL EXAMINE EXECUTE THE CERTIFIED FOR A SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYL		EXAMINER'S I	NAME Ann I	M. Dixon,	M.D.			ADDRESS_	111 1	Penn	St.,	Bal	to.,	MD	21203	1
	524 548	23e. BI	URIAL, CREMAT	ION, REMOVAL		23c N	IAME OF CEME	TERY OR	CREMATO	DRY	234 10	CATION			YTAUC	£1	ATE
07/84	BP	C	remat	10N	10-21-85	W	est vi	èw			已	a 14	0			Md	
25M	DHMH - 17	24 FI	NAME NAME		ADDRESS		1		_	250. DATE RI	50 3°	REGISTRA 1005	R 25b, RE	GARADA	SIGNA	MARKET	
	(VR A15 ME (5))	J	as. A.1	MORTON	rJons-	1701	Laur.	ens	51.	001	20	1300	0		à .		1

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HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate the recommendation after death, frage a first being by the haspital or attending physician.	FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and amount in the many problem of the death of the control from the press. The control of be death of the control from the please remove corbon poopers there is a control from the control of the control of Health and Mental Hygiene prior to burial, cremation, or removal.	
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PITA	Stot	
HOS	FUN old t	

other

CERTIFICATION

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND

DEPARTM	LENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 5	2.	8 4	2 3
DOLE	l	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
TUR	NER			10 15	85	5:10p M
	5. DATE C		6. AGE LIN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
:k	7	15 21	64	YRS	MONTHS DAYS	HOURS MIN
HAT COUNTRY?	8.	D NEVER MARRIED XX	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	MARRIE		BALTIMORE	, CITY		MD
OSPITAL, NURSING FACILITY, GIVE STREET A ALTIMORE	DORESS)	TAND 21218	170. USUAL OCCUPAT			F BUSINESS OR
NE RESIDENCE BEFORE 36 CITY OR TOWN Baltimor	V	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 2438 Gui	/ ZIP CODE 1 ford	Avenue	21218
Turner		Olivia	WE	Johr	nson (AS	Т
SOCIAL SECUE	RITY NO.	17 INFORMANT	ADDR	RESS		
215-16-9	9221	Sherri Turn	er 2438 Gui	lford	Avenue	
e for (a), (b), and CARDIS		MONARY AR	pest		BETWEEN O	MATE INTERVAL ONSET AND DEATH
AS A CONSEQUE	NCE OF	VIA				NK.
AS A CONSEQUE	NCE OF			- 2		
TRIBUTING TO D		NOT RELATED TO THE TERM			EN IN PART 110	
CASTA	SI IN.	TRSDUAL H	EMORRHI	+GE		
ON FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN YING CAUSES	
NUIDV		121. HOW MILLIPY OCCUPA		1		

PART 2 OTHER SIGNIFICANT CONDITIONS CON 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING 216 TIME OF I

HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER! P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE FARM ETC) STREET CITY OF TOWN COUNTY STATE NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 111/15 abave, (Niwe) (did) (dXXX) view the bady after death and that in XX (aur) apinian death accurred on the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

LOCHRAVEN BLVD. BALTIMORE MARYLAND 21218

230 BURIAL, CREMATION, REMOVAL 236 DATE BURIAL 10/21/85

23c NAME OF CEMETERY OR CREMATORY Owings Mills, Garrison Forest VA

Md.

24 FUNERAL DIRECTOR

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINTS

COUNTRY Maryland

130 STATE

Male

O BIRTHPLACE LITTE OR FOREIGN

CITY OR TOWN OF DEATH

Baltimore

Maryland 14 FATHER'S NAME

John

3 SEX

SUMMERFIELD

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION G

60. WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which

gave rise to immediate

cause (a), stating the

underlying cause last.

18 CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY

136 COUNTY

MIDDLE

HE YES, GIVE WAR OR DATEST

IMMEDIATE CAUSE (a)_

4 RACE

Blac

76 CITIZEN OF W

1. NAME OF HO

W.

DUE TO, OR

DUE TO, OR A

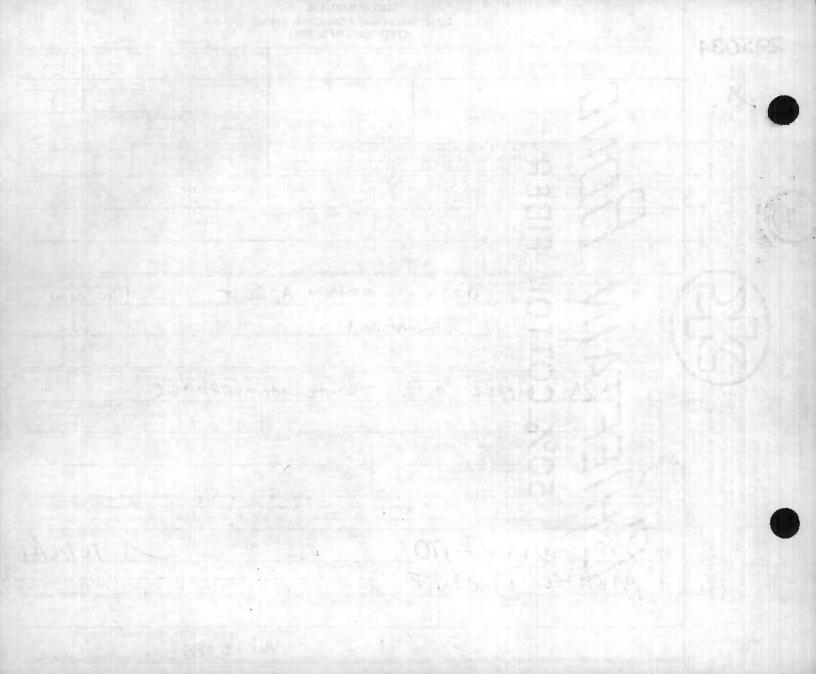
(b)___

Wm C March F/H Inc. 1101 E North Avenue

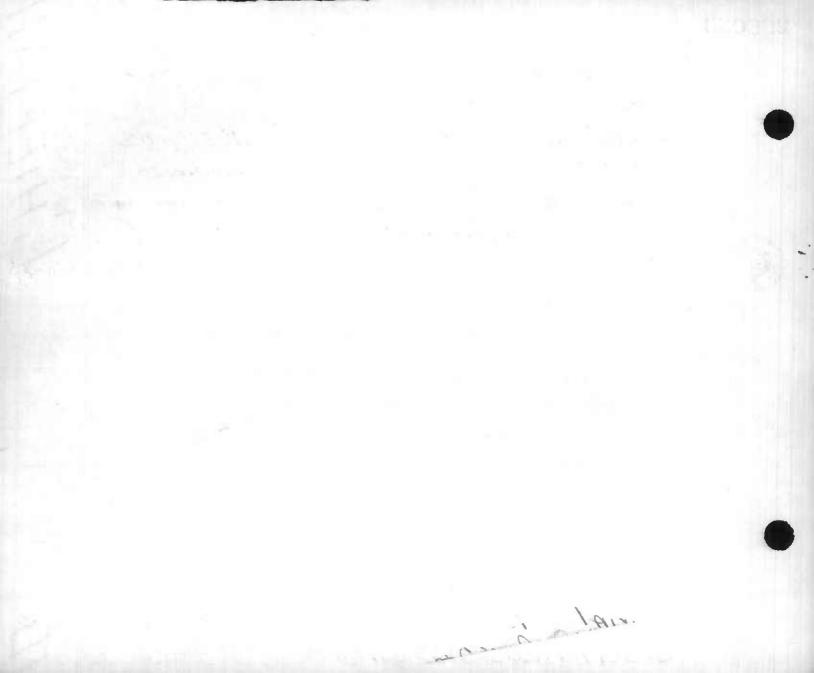
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE OCT 18 1985

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



296053		١-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE S	28 - 24
noy be poge 3	X	(TYPE	EASED NAME FIRST PRINTIP ECHCUP		TURNIPSERD	10	
ctor, p		3. SEX	MALE	Black	5. DATE OF BIRTH MONTH DAY YEAR 3 /2 3		MONTHS DAYS HOURS MIN.
reach Po	77		orth Carolina	Le SiA.	MARRIED NEVER MARRIED WIDOWED DIVORCED	2 1T	more City MD.
of the to	12	10. CI	SALTIMORE	1. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET SINAI HOSP	NG HOME OR OTHER INSTITUTION (ADDRESS)	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE INDUSTRY
24 Sour Filled is outd be matter	35	USUA 13a. S	L RESIDENCE (IF NURSING HOME OR OF ATE 136 COUNT	THER INSTITUTION, GIVE RESIDENCE BEFOR Y 134 CITY OR TOV BALTO	VN 138. INSIDE CITY LIMITS	? 13e.STREET ADDRESS	2116
MARYLA CHILD	00		2.13.	DDLE TURNIPSE	is mother's maiden man	NAME MIDDLE	Tamalord
I MON	1	16a W	AS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECTION AR OR DATES) 215-30	//	Stance Sm	Th 4019 Park Height APPROXIMATE INTERVAL BETWEEN ONSET AND OWNERS
RDS, 201 W, PRESTON equires that the deaths of signed by the attends Their please remove coff. Their please remove coff. Their please remove coff. Their please remove continues of their trauments of their trauments.		NOI	Conditions, if ony, which gove rise to immediate couse (a), stofting the underlying couse lost	DUE TO, OR AS A CONSEQU	4 TERSHED INFAM		DITION GIVEN IN PART 1(0
TAL RECO The law in incident. The has be sait permit green pin shows on shows on the shows of the shows on the shows of the shows on the shows of the shows of the shows of the shows of the shows on the shows of th		CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
OF VI	9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D	YEAR 19	CURRED (ENTER NATURE OF INJUR	EV IN ITEM 18, PART 1 OR PART 2)
DIVISION OF NG PHYSICIA offending ph offen this certific os the burnol-tr th ond Mentol-tr orked or frem		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OF TO	WN COUNTY STATE
OR ATTENDI or hospital or DIRECTOR. A cohed for use Dept of Heal			22a 1 certify that (1) (this hospito saw the deceased alive an obove, (1) (we) (did) (did not) 22b. SIGNATURE Fuhel 22	view the body ofter deoth.	DEGREE ATTENDIN PHYSICIAI	G MEDICAL STAF	ate and hour and from the couses stated
O HOSPITAL O HOSPITAL TO FUNERAL should be dett with the State MPORTANT.	1		FISHEL Z	EU LIBER,	MAN SINAL	HOSPITAL	BALTIMORE.
₽ ₽ ₽ \$ \$ \$ BP		23a. B	WIAL, CREMATION, REMOVAL	10-18-85 9	NAME OF CEMETERY OF CREMATO	23d LOCATION CITY OR ISWN	15- Co- 4nd
DHMH - 16 50M 4/8 (VRA 15, 4)	3	24 FY	OSEPH Life	Puss 2222	W. North Are	OCT 2 1 1985	Julia Daydson-Mandale



303088

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.		
10 / 16/85	DAY YEAR	26 HOUR
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 2
	MONITHS THATE	Art Arriba

ľ	DECE.	ASED NAME FIRST	Lillian	S.	Tyler	LAST	LANT	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
L		tologe L	TULIA	N	37	77/6	R	10/16/	85		8 WAR
3	SEX		4 RACE	,	5 DATE	OF BIRTH	YEAR	6. AGE IN YEARS LAST		MONTHS DAYS	HOURS MIN.
ı		Female	u	White	Feh	111(9494	191	Q¶RS		MIN.
F		HPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	o D NEVER	MARRIED	9 BALTIMORE CITY		OF DEATH	
1	BA	7 LTO, mel	VSK	+	WIDOW		NORCED [BAL	TO ., 1	mel	MD.
Ŧ	CITY	OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NU		OR OTHER IN	NOITUTITE	170 USUAL OCCUPA			F BUSINESS OR
k		Baltimore	V116	MA S	t. M	CHAE	LNH.	(TYPE OF WORK FOR MOS	OF WORKING (IF	TINDUSTRI	Store
	SUAL 30. STA	RESIDENCE HE NURSING HOME OR						Clerk		Groce	EX DEST
1	39. STA	mel 136 COUN	III	BAL	TO.	YES S	NO [4800 S	eton-	Drine	
ŀ	4. FATH	HER'S NAME	MIDDLE	LASI		15 MOTHER	S MAIDEN NA	MIDDIE		LAS	
1		George Ber	I			Rosa	anne	Schwartz		Les .	
T		S DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORM	ANT	ADD	RESS	210	043
L	(165	NO.	E WAR OR DATES)	214 4	6 0472	Ken T	ler 5	201 Ilchest	er Rd	Ellicot	tt City
ľ	10	CAUSE OF DEATH (Enter on	ly ane couse per	line for (o), (b	ol, and (c					APPROX	MATE INTERVAL ONSET AND DEATH
L		PART I. DEATH WAS CAUSE	E CAUSE (o)	MYO	CAZDII	AL	In Fr	ARCTION			
I		MARCO		D AS A CONIC	EQUENCE OF						
ı		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ()							400		
F		gove rise to immediate	10,							- 2 30	
I		underlying couse last	DUE 10, OI	R AS A CONS	EOUENCE OF						
I	P	ART 2. OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERA	MINAL DISEASE OR CO	NDITION GIV	(EN IN PART 1)	a
ı	-	1 DUA-04 1	> VEN	A26							
1	CERTIFICATION	a DATE OF OPERATION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?		S, WERE FINDI	
1	#							YES TI NOT		YING CAUSES	OF DEATH?
1	E 2	10. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY		21c. HOW 1	NJURY OCCUR	RED (ENTER NATURE OF IN			110 [
		OR CONTRIBUTING CAUSE OF DEA	THE STATE OF THE S		DAY YEAR						
ı	× 1	(IF EITHER NOTIFY MEDICAL EXAMINER	71e PLACE (19	211 LOCAT	ION				
ı	W.	WHILE NOT WHILE			FFICE, FARM ETC)	STRE	ī	CITY OR	OWN	COUNTY	STATE
ı	- 1-	AIWORK				1					
ı	12	20 I certify that (1) (this hospit	10/11	e deceased to 7	10	/ G	19 20 5	death occurred on he	-	0,	that (It (we) last
I	-	above, (I) (we) (did) (did no		after death.	.17	-	- (our) opinion	death accurred on the	date and hav		
ı	2.	26 SIGNATURE	1,1	A	.00	DEGREE	ATTENDING	A MEDICAL ST	AFE	22c. DATE	SIGNED
1	-	1 Collect	ful	nes,	VIJ.	1		MEDICAL ST DIRECTOR PHYS	ICIAN 🗌	1/6	-17-85
1	23	24 PHYSICIAN'S NAME (TYPE O	ho			22e ADDRE	55	- PULP 10			
1		KDDENT	-1438R1	3 , IM	1).						

FOR - STATE REGISTRAR

DHMH - 16 60M 7/B4 (VRA 15, 4)

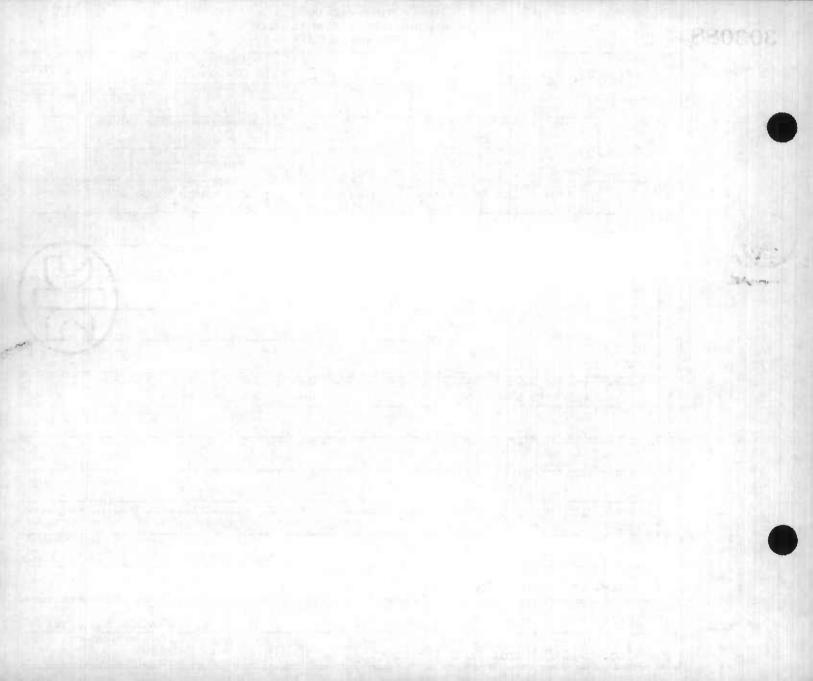
236. BURIAL, CREMATION, REMOVAL Burial 236 DATE Oct 18'85 236 NAME OF CEMETERY OR CREMATORY Meadowridge

23d LOCATION

Howard Maryland

Home Inc. 4112 Columbia Rd Ellicott City

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



poge 3

FOR - STATE REGISTRAR DECEASED NAME

MALE BIRTHPLACE (STATE OR EOREIGN

BALTIMORE

MARYLAND

14 FATHER'S NAME

MARYLAND

O CITY OR TOWN OF DEATH

WALTER

4 RACE

USUAL RESIDENCE (18 NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
1136. COUNTY
1137. CITY OF TOWNS

MIDDLE

CAUC.

75 CITIZEN OF WHAT COUNTRY?

USA

TYPE OR PRINT

3 SEX

STATE OF MARYLAND

LAST

TYLIS7

5 DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

BALTIMORE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

18^{DAY}/

MARRIED W NEVER MARRIED

11

DIVORCED

NO

S MOTHER'S MAIDEN NAME

13d. INSIDE CITY LIMITS?

REG. NO

DCTOBER 04 1995

BALTIMORE CITY

(TYPE OF WORK FOR MOST DE WORKING LIEE)

13e STREET ADDRESS / ZIP CODE

MIDDLE

120 USUAL OCCUPATION

715 5

BALTIMORE CITY OR COUNTY OF DEATH

PORT ST

20 DATE OF DEATH

IF UNDER 1 YEAR

7h HOUR

17h KIND OF BUSINESS OR

21224

APPROXIMATE INTERVAL

NO I

STATE

2:35pmm.

TYLISZ MARGARET **THOMAS** ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST MRS. STELLA A. TYLISZ 715 S. PORT ST. 21224 217-01-6782 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CARDIAC ARREYTHMIA DUE TO, OR AS A CONSEQUENCE OF ANOXIC ENCEPHALOPATHY Canditians, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF STATUS POST CARDIO PULMONARY RESUCITATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g NO DIABETES MELLITUS 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV SEPTEMBER 1985 DIABETIC LEG DISEASE 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN AT HOME STREET FACTORY OFFICE EARM ETC.) STREET NOT WHILE 220.1 certify that (I) this haspital pattended the deceased from AUGUST 08 19 85 to OCTOBER 04 19 85 that (I) wast sow the deceased alive an OCTOBER 04 19 85, and that in (my) opinion death accurred an the date and hour and from the causes stated above, (1) (condition) did not inview the body after death. TO FUNERAL DIRECT Should be detached for with the State Dept. 226. SIQUATURE DEGREE asemi M. D. MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22e ADDRESSCHURCH HOSPITAL CORPORATION 22d PHYSICIAN'S NAME (TYPE OR PRINT) ataollah F. NAZEMI M.D. BROADWAY BALTO 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE (SPECIFY) BALTIMORE HOLY ROSARY CEM. 10/08/85 BURIAL BY REGISTRAR SHIPE GISTRAR'S SIGNATURE TO 24 FUNERAL DIRECTOR KACZÓROWSKI FUNERAL HOME 2525 FLEET ST. 21224 (VRA 15, 4)

BP. DHMH - 16 60M 7/84 MD . STATE

22c DATE SIGNED

COUNTY

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

0	53	DOM:	1 3	
2	8	-	SUM	- 4

1.	- STATE REGISTRAR	DEFAR	CERTIFI	CATE OF DEATH	I	REG. NO	D.		
	CEASED NAME FIRST	MIDDLE	ŁA'	ST	2	O. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
		dousis TZOMIDES		C. CEL		OCTOBET	26.	1985	3:00%
3. SE		4. RACE	5. DATE OF	BIRTH YEA		AGE (IN YEARS LAST BIR		MONIHS DATS	IF UNDER 24 HRS
	Female	White	July			60	YRS		
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED	NEVER MARRIE	P - 9	BALTIMORE CITY O	R COUNT	Y OF DEATH	11.00
	COUNTRY)	USA	WIDOWED	DIVORCE		City			MD
Ba	altimore	NAME OF HOSPITAL, NURS	spital	OTHER INSTITUTIO		Type of work for most of Pres. Yar	E WORKING I	IFE INDUSTRY	cs Inc.
13a :		OR OTHER INSTITUTION GIVE RESIDENCE BEFO		13d INSIDE CITY LIM	ITS? 113	e STREET ADDRESS	ZIP COD)F	
		timore Kings		YES NO		11512 Ma			1087
14. F/	ATHER'S NAME FIRST	MIDDLE LAST	757	15. MOTHER'S MAIDE	EN NAME	WIDDIE		LA:	51
1	Evan	Paidoussis		Perd:	ica		100	matelos	
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEGUE WAR OR DATES)	CURITY NO.	Mrs. Deb	orah	A. Pateral		922 Dan	ce Mill
	IS CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), (and ic .1					APPROX	IMATE INTERVAL
		only one couse per line for (a), (b), (BED BY: ATE CAUSE (a) Carolia	carr	est					
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. Due to, or as a consequence of the consequence of								
-33	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In								
NO	metastas	tic maria	-	ercinon	va				
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	ob Struc	ction	200 AUTOPSY?	IN CERT	ES, WERE FIND I IFYING CAUSES 'ES	NGS USED OF DEATH?
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE OF INJUS	81 MATI MI Y	PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E FARM ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	sow the deceased alive o	pital) attended the deceased from 10/756 19. not) view the bady after death.		. 17	85 pinian dea	to 10/ ath accurred on the do	Z(p ate and ha		that (II (we) last causes stated
	276. SIGNATURE	MCWevelled ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						27c. DATE	SIGNED 26/85
	Cayn C.	Wunder	lich	900 CC	ator	· Ave	2	1229	
	BURIAL, CREMATION, REMOVA			metery or cremater thodox	TORY	23d LOCATION CITY OF TOWN Woodlawn	Bal	to. Md	STATE
	UNERAL DIRECTOR			25		EC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE
	Leonard J. Kuch	Inc. Baltimore	, Maryl	and	001	28 1985	walk	widson-1	andeliz-

DHMH - 16 60M 7/B4

(VRA 15, 4)

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	//		STATE OF MARYLAND	11 (2
00	MAA?	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2	. 6 0
20	7142	- STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
1		REGISTRAR	REG. NO.	
X		1. DECEASED NAME FIRST	TO DATE KINDANIA MONTH	DAY YEAR 26 HOUR
	Banger	CUSTE	ER IRUMAN UPDYKE DEATH MATED 10	21 19 85 M
	X2000	3 SEX 14 RACE		DAY YEAR 26 HOUR
	로모두모등	J SEA	S DATE OF BIRTH 6. AGE (IN YEARS F UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	Zu HOOK
	ON START	MALS WHITE	APRIL 11, 1907 78 YRS. DEAD 10	21 19 85 8:09 A M
	Lift at - South -	76 BIRTHPLACE (STATE OR	176 CITIZEN OF WHAT COUNTRY?	
-	SE S	FOREIGN COUNTRY)	MARRIED LI NEVER MARRIED L	
	サラエモン	VIRGINIA	U· S· A· WIDOWED ■ DIVORCED □ Baltimore City	MD.
	HWWB2/	JO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK	26 KIND OF BUSINESS
	FESTS		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIEE)	OR INDUSTRY
	30-38	Baltimore	South Balto. General Hospital SMITH MOIOR CO.	
=	On See of		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	21234
130	3268000	130 STATE	NIX 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS YES NOW 2919 CUS O OK	Que.
	- Awar	I HIKITHUD DAY	THE LAND TO THE THE PARTY OF TH	MV2.
13	T 20021	FATHER'S NAME	MIDDLE LAST FIRST MIDDLE	LAST
/ "	CALL TO THE PARTY OF THE PARTY	1000	1180: Ke (108:000):	PORRISON
1 5.	200	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	DIEKIZOIT
V 20	自味 5 公子 フ		EWAROR DAIES	
	E-100	00	220 03 5636 FAMILY RECORDS	
-	SOFEE	TIE CALISE OF DEATH (Enter of	nly one cause per line far (o), (b), and (c).)	I APPROXIMATE INTERVAL
AL STREET	0-04-	PART I DE ATH WAS CAUSE	FD BY:	BETWEEN ONSET AND DEATH
Z	TREES		ATE CAUSE (a) Thoracic trauma	
5	THIN 24 HER ALOR ANSIT PER AL HYGIE REMOVA	1800	DUE TO, OR AS A CONSEQUENCE OF	
19	至五 00 五 0	Conditions, if ony, which		
E	ESBEER	gave rise to immediate		
*	NAME OF STREET	cause (o) stoting the <u>under</u>	DUE TO, OR AS A CONSEQUENCE OF	
9	EZXXXX	lying cause last.		
64	BE EXECUTION OF THE PROPERTY O		((c)	
2	BE EXE RENDING MEDICAL AS A BU EALTH AN CREMAT	PART 2 OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	
ō	SEA	2		
DIVISION OF VITAL RECORDS,	F WEDICA SED AS A E SED AS A E HEALTH AL, CREW	196. DATE OF OPERATION 216 EXTERNAL CAUSE WAS	19% CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
3	SERBEA /	S M. BAIL OF GERATION	THE CONDITION ON WHICH OF ENABLES WAS PENFORMED!	20 AUTOPST?
1	SHOUL CHIEF TOF H	E .		YES NO
>	W > W @ Z @	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR	
0	ZAESSE.	UNDERLYING LYOR	HOUR A.M. MONTH DAY YEAR	
ő	RTIFICATI NG THE V NG THE V SHOULD PARTMEI	CONTRIBUTION CONTRACTOR	DEATH 7 PXX 10-21-19 85 Driver of auto/auto collision.	
25	OED 3 SH	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (ATHOME, 21f LOCATION	
5	ARITINA REDED RESED GE 3 SI TE CEP	WHILE NOT WHILE (STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	
	ISSAK#_	AT WORK AT WORK	street Curtis Ave. & Benhill, Balto. Ci	ty MD
	ST P. ST	22a Landification Lands about	ge of the remains described above, held an Autopsy 🔃, Inspection 🔲, Inquiry 🔲, and in my opi	
	A Q G G E E	226 I Certify that I look char		лап
	MER DES	death resulted from: Notu	ural causes, Accident X, Suicide, Hamicide, Undetermined manner	
	\$ E 9 E 5 E	1/1	TITLE (SPECIFY)	
	20500€	ACTUAL /// V	V / 1	10-21-85
- 4 -	UNERAL R DEATH R DEATH R DEATH R DEATH R DEATH	SIGNATURE	M.D. <u>Assistant</u> MEDICAL EXAMINER SIGNED) TO-ST-02
	UH 4 2 20 0	EXAMINER'S NAME Ann		21221
	M SHEW	(TYPE OR PRINT) Ann	M. Dixon, M.D. ADDRESS 111 Penn St., Balto., MD	21.201
	TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARTINE	23 e. BURIAL, CREMATION, REMOVAL		
		(SPECIFY)	COUN COUNTER C	STATE
07/B4	BP	BURIAL	10 25 1985 1 loreLAND 1 km. P.K. MARKY, WE BAX	Jo. 1 ARYLAND
25M		24 FUNERAL DIRECTOR	256. DATE REC'D. BY REGISTRAR 25b_REGISTRAR'S SI	GNATURE
	DHMH - 17	S. S. S. J. S. J. S. C.	O DOT DO MOR I	- Rondom
	(VR A15 ME (5))	SYPRECHABLOF!	ISMORIUS HARFURD ROAD ULI 22 1985	

With the

SAGRES 10 20 85 6 N.S. A. C. M. S. A. C. L. supplied To day with the said of the MAD THE FORM I FIRE FAMILY RAKEL The same of the same of the same of the same of

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FOR - STATE REGISTRAR

DECEASED NAME (TYPE OR PRINT)

Maryland

IN CITY OR TOWN OF DEATH

BALTIMORE

USUAL RESIDENCE (IF 130. STATE

4 FATHER'S NAME

Md.

3 SEX

CTATE OF MADVIAND

		217	IL OIN		PHILIP		23
9	ARTMEN	TOF	HEALTH	AND	MENTAL	HYGIENE	U
	-	CDTI	ELCAT	10 3	DEATH		

	CERTIFICATE OF DEATH	REG. NO.			
DIE	LAST	20 DATE OF DEATH MONTH	OAY	YEAR	26 HOUR
	VANCE	101	91	85	208
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNI	DER I YEAR	IF UNDER 24 HRS
	MONTH DAY YEAR	68	MONTH	5 DAYS	HOURS MIN

Female White BIRTHPLACE (STATE OR FOREIGN COUNTRY

JANE

4 RACE

18. CAUSE OF DEATH (Enter only one couse per lige for io), (b), and ic-

Th CITIZEN OF WHAT COUNTRY? U.S.

LIF NOT IN SUCH FACILITY, GIVE STREET ADORESS)

3 CITY OR TOWN

LAST

Balto.

B

MARRIED NEVER MARRIED WIDOWED

BALTIMORE CITY DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE!

13e.STREET ADDRESS / ZIP CODE

Homemaker

BALTIMORE CITY OR COUNTY OF DEATH

17h KIND OF BUSINESS OR INDUSTRY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

UNION MEMORIAL HOSPITAL

113d INSIDE CITY LIMITS?

YES NO F

15 MOTHER'S MAIDEN NAME

8434-D Charles Valley Court

MIDDLE Howard D. Askew

160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR LINKNOWN LIE YES GIVE WAR OR DATEST No

PART I. DEATH WAS CAUSED BY

16215-05-0043

Blanche 17 INFORMANT

ADDRESS

Mr. John E. Vance - Same as #13

Barrett

IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse to, stoting the underlying couse

21d INJURY OCCURRED

AT HOME STREET, FACTORY OFFICE FARM ETC 1

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT FLATED

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

WHILE

73% SIGNATURE

CERTIFICATION

MEDICAL

Ž

ld b MPORT (IF EITHER NOTIFY MEDICAL EXAMINER)

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY

IN CERTIFYING CAUSES OF DEATH? YES NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART + OR PART 2)

20b IF YES, WERE FINDINGS USED

21f LOCATION CITY OF TOWN

200 AUTOPSY?

STATE

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on_

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING PHYSICIAN TO DIRECTOR PHYSICIAN

22c. DATE SIGNED

226 PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL

NOT WHILE AT WORK

Susan Dumsha, M.D.

23b DATE

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

UNION MEMORIAL HOSPITAL

23d LOCATION

CITY OF TOWN

Removal BP

(SPECIFY)

COUNTY

10/9/85 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Anatomy Board Balto., Md. (VRA 15, 4)

SOT I S WE file to be made as .

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

0	0	1	
La	0	1	

REGISTRAR				CERTIF	ICATE OF DEATH	REG	NO.		
1. DECEASED NAME	FIRST	ABETH	MIDDIE M.		KOVEZ	10 DATE OF DEAT	H MONTH	85	630 AM
3. SEX	4	RACE BL	tcK	5. DATE O		6. AGE (IN YEARS LAS	75 YRS	IF UNDER TYEAR	HOURS MIN.
COUNTRY Va .		V.S.A.		WIDOWE		9 BALTIMORE CIT	OR COUNT	Y OF DEATH	MD.
BALTIMOR		UNIVE	STY OF	HO. H	OR OTHER INSTITUTION	120. USUAL OCCUP ITYPEOF WORK FOR MC Practic		FE) INDUSTRY	F BUSINESS OR
USUAL RESIDENCE (IF NI	13b COUNT		13c CITY OR	TOWN	13d. INSIDE CITY LIMITS? YES NO 🗆	13e STREET ADDRE	SS ZIP COD	E dood	2/223
14 FATHER'S NAME FIRST WILLIA		IDDLE	PENLE	TOU	IS MOTHER'S MAIDEN NAM	MIDDI		Brax	ton
(YES, NO OR UNKNOWNS		ED FORCES? WAR OR DATES)	2/9-0	3-6535	Virginia +	tackett 2	242,	Madiso	on Avenu
18 CAUSE OF DEA		BY			4 ARREST			BETWEEN	MATE INTERVAL DINSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE									ys
	DNIC R	BUALF	AILUŒ						
NO LANGE OF OPER 190 DATE OF OPER 210. ACCIDENT WAS U	MOITA	19b. COND	TION FOR WE	HICH OPERATION	N WAS PERFORMED	208 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES	IGS USED OF DEATH? NO
OR CONTRIBUTING (IF EITHER NOTIFY ME 21d INJURY OCCU	CAUSE OF DEATH	P.	M. MONTH M.	19	21c. HOW INJURY OCCURR		INJURY IN ITEM 18.	PART I OR PART 2)	STATE
220.1 certify that saw the dece abave, (1) (we		101.	3/	Qu.	d that in (my) (aur) apinian o	, todeath accurred an th	e date and how		that (It (we) last
226. SIGNATURE	10 Key	fe 110			DEGREE ATTENDING PHYSICIAN		STAFF VSICIAN A	22c DATE S	SIGNED 31/85
LEVI	NAME (TYPE OR		FE AD		220 ADDRESS UNIVERZES	SERD, S	truct !	retail My	21201
230. BURIAL, CREMATION (SPECIFY) Buria		236. DATE 11/4/8			n Cemetery	Baltimo	ře	COUNTY	Mď

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR William C. March F/H West 4300 Wabash Avenue Baltimore

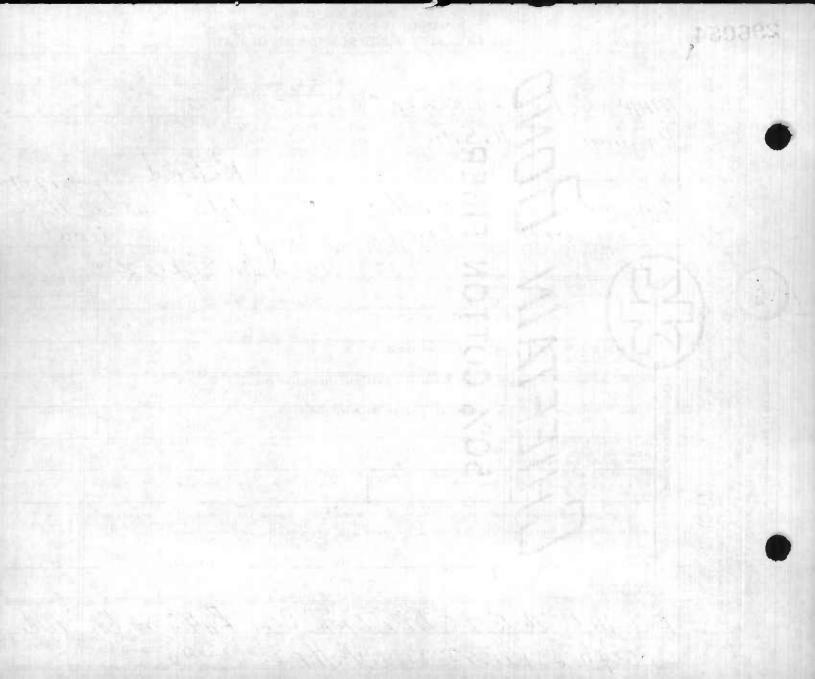
MD

BY REGISTRAR 35 REGISTRAR'S SIGNATURE

28 NE OF TANGEN HISPARTS SANEY SANST 425 EACT MINE DEPOSITE AS NO. 150, Mar. MO SOUTH CARY X SOUT IN LONGWOOD STREET WILLIAM V PERSONAL PENA - two or the the contract of the state of th TERMS ARREST 77chuz Chillenic ZavAL Trauxe (C/3/ 62 telsi/81

DEVIN I OFFER OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 296054 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN X DECEASED NAME HINOM (TYPE OR PRINT) DEATH MATED Hayward Vaughn 10/16/19 85 DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE RONOUNCED DEAD 10/16/ 19 85 BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City, Irainin WIDOWED [] CITY OF TOWN OF DEATH HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CLEANION THE DE WORK 126 KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS Baltimore St. Agnes Hospital SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 14 FATHER IS MOTHER'S MAIDEN NAM INTE NO COLUMN CHANG I IF IES ONE WAS DROATES 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (ch) BETWEEN CHIEF AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEALN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN STATE COUNTY Inspection X 22s I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion Notural gauses X death resulted from: Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 10/16/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. TYPE OR PRINT) ADDRESS 25M **DHMH - 17** (VR A15 ME (5))



FOR - STATE REGISTRAR DECEASED NAME

FEMALE

Md.

BIRTHPLACE ESTATE OF FOREIGN

10 CITY OR TOWN OF DEATH

Raltimore

FIRST

MARY

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

ELIZABETH

USA

RACE

WHITE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Oct. 25, 1890

MARRIED NEVER MARRIED

DIVORCED

VICTOR

5. DATE OF BIRTH

MONTH

WIDOWEDXX

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

5	2	4	3	. 4
60	0	4	~	6

23 85

IF UNDER I YEAR

26 HOUR

126 KIND OF BUSINESS OR

10.43AM

REG. NO.

10

BALTIMORE CITY OR COUNTY OF DEATH

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

20 DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

94

BALT. CITY

12ª USUAL OCCUPATION

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4	0.0
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4007	1.P
P	E 0 "
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- 2	2 1 1
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7 0	£ 5 6
0.0	4 9 0
W 0	F 3 2
E 5	F. 2 8
W 8	#25
0.0	553
A DR ATTENDING PHYSICIAN. The low requires that the death certificate be executed. The About after death. Page 4 may be the hospital or otherwing physician.	it DRECTOR After this certificate has been signed by the attending physician and completely tilled in by the tunin's firstor, page stached for use or the burial stands germs. Then please remove corbon papers, flags, and 2 should be lied within 72 pour other deal to be be been of health and Mannal Hydroe prior to burial, cremation, er removal.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY, AND ALZO

DHMH - 16 60M 7/14

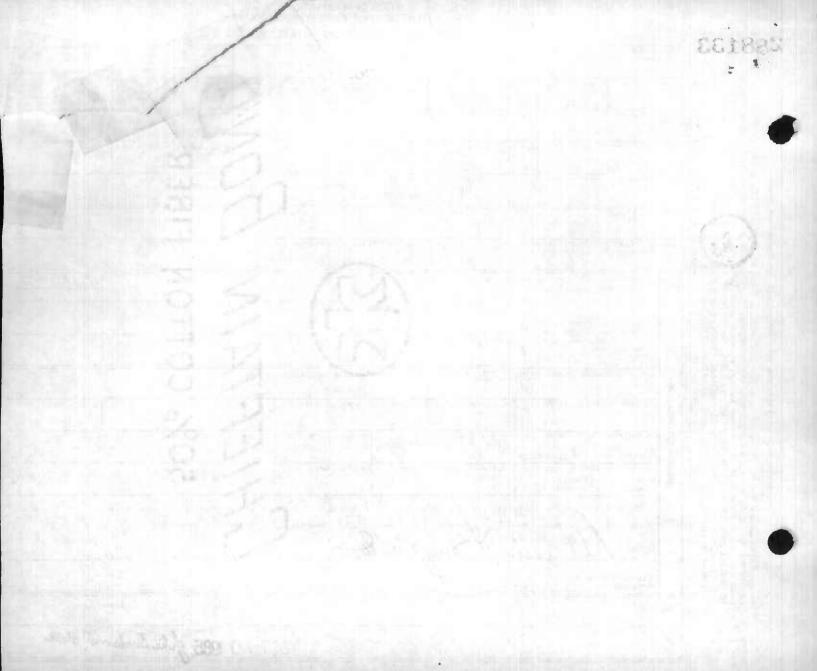
(VRA 15, 41)

1	Darcimore	Keswick	700 W. 40th	St.	Homemaker		
1	130 AL RESIDENCE (IF NURSING HOME OF 130. STATE Md.			INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP (4 W. Lake	CODE Ave. 21	L210
1	John J.	Brannan (A	15 A	AOTHER'S MAIDEN NAM	nn Carroll	LAST	
	160 WAS DECEASED EVER IN U.S. A	VE WAR OR DATEST		nformant Ir. Howard S	. Hall 4 W.	Lake Ave.	21210
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	FD RY.	opulue	vary ar	rest	BETWEEN O	MATE INTERVAL INSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	iosclerofi	c cardia	nascular		
	PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		G TO DEATH BUT NOT		20a AUTOPSY? 20b. IN C	IF YES, WERE FINDIN	GS USED OF DEATH?
1	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	HOW INJURY OCCURRE	YES NO (ENTER NATURE OF INJURY IN ITE.	YES	NO []
١	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		LOCATION	CITY OR TOWN	COUNTY	STATE
١	220.1 certify that (1) (this hasp saw the deceased alive a abave, (1) (we) (did) (did n	ottol) attended the deceased OCTOBER 23 at) view the body after death.	19 25 , and tha	t in (my) (aur) apınıan de	taOCTOBER_23 eath occurred an the date and	. 17	hat (1) (we) last auses stated
	M. Isabella	Mac gre	ger 7:	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE S	
l	77-ISABELLE	MACGRES	OR K		0 W. 40 KSTR	LEET . BALT	212 60.0
	23. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	10/26/85	23c NAME OF CEMET Woodlaw	m Cemetery	23d LOCATION CITY OR TOWN Baltimore	·	STATE
	24 FUNERAL DIRECTOR MITCHELL-WIEDEF	ELD HOME, INC	• 6500 Yo	00	REC'D. BY REGISTRAR 256 REC'T 25 1985	GISTRAR'S SIGNATU	JRE 70
							1

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		ems 18-2 FOR STATE	22a 10/	17/85 mtb 1	F#608 EPARTMENT		MARYLAND H AND MENTAL		. 2	8	3	
8133		REGISTRAR		MED	ICAL EXA	MINER'S	CERTIFICATE	OF WEATH	KEG. I			
3100		CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST		OF ESTI-		DAY YEAR	26. HOU
10000000	3 SE)	16	RACE	ge R	ichard		ines		TH MATED	10-	-5 1985	
SEE	3 367			MONTH DAY	YEAR LAST	BIRTHDAY)	THE DAYS ROLLES	PRON	OUNCED	10-		12:3
200	7a BI	RTHPLACE (STAT	E OR	11 30	54 30	10	**	9.04	LTIMORE CITY			a.,
響ら		REIGN COUNTRY)	F, Md.	II C A			RIED X NEVER MAS	RRIED L	ltimore			
20	10 C	TY OR TOWN OF		11. NAME OF HOSE		HOME, OR OT		12ª USUAL O	CCUPATION (TYP	1	26 KIND OF BU	
50	E	Baltimore	е		RITY, GIVE STREET ADI		ital	FOR MOST OF	F WORKING-LIFE)		OR INDUSTR	. 4
7	USUA 13a S		IN NURSING HOME	OR OTHER INSTITUTION, GIV		ADMISSION)	13a. INSIDE CITY LIMITS?	13e STREET AL	DDRESS			
J		MARYLAND			BALTI		YES NO		COLLIN	IGTON S	ST. 21	205
-1	14. F/	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAI	IDEN NAME	WIDDLE		LAST	
2)	JASPER	E1/E8 11111 2 11		VINES		LAURA 17. INFORMANT				JACKSO	N
	Iba V	VAS DECEASED I	(IF YES, GIVE	E WAR OR DATES)	215-65			INC OU	ADDRESS		N CT O	1205
	1	NO	DEATHE	1			LAURA VI	INE 5 825	N. COL	LINGIU	APPROXIMATE	
-	VV	PART I DEA	TH WAS CAUSE		arcotisi						BETWEEN ONSE	AND DEATH
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	3	CONTRIBUTING	CAUSE OF			19						
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		WHILE AT WORK	AT WORK							7 31		
		22a I certify	that I took char	rge of the remains de c	riped above, held	d on Auto	psy XX, Inspect	tion . Inq	Juiry . or	nd in my opin	tion	
		death resulted	from Nati	ural causes 🔯 .	register .	Suicide	. Hamicide	Undetermine	ed manner .			
		ACTUAL /	100,	10.1 17	80, 8	h/84	TITLE (SPECIFY)			DATE	10 5 6	. –
-	7	SIGNATURE_	acc	les	Lowell .	10 44)	M.D.Assistan	MEDICAL E	XAMINER	SIGNED	10-5-8	,5
1	-	EXAMINER'S NA	AME De	nnis F. Sm	vth, M.I).	ADDRESS 111	Penn St	., Balto	o., Md	. 2120	1
-	23a.B	URIAL, CREMATION	/				_ADDRESS+++ OR CREMATORY	23d. LOCATIO	ÖN			
3	1	BURIAL		10-11-85			CEMETERY	BAI TII	/N	COUNTY	MARYI	ATE
	24. F	UNERAL DIRECTO	DR	ADDRESS	DALL	TOTAL C		E REC'D. BY REGI	STRAR 1255 REG	ISTRAR'S SIG	SNALLIRE -	AND
		14 O	F/H		E NODTU	AME	nn	T 10 10	RE Filia	Davidson	-Nashran	1,141



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BP

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR 1 - STATE

Own Home 13e STREET ADDRESS / ZIP CODE 508 Towson Ave. 21093 Bampton ADDRESS William O. Voorhees, Same As #13e 21093 APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (ay) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Cremation 10-12-85 Westview Crematoru Baltimore, Maryland 24 FUNERAL DIRECTOR 1050 York Rd. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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INDUSTRY

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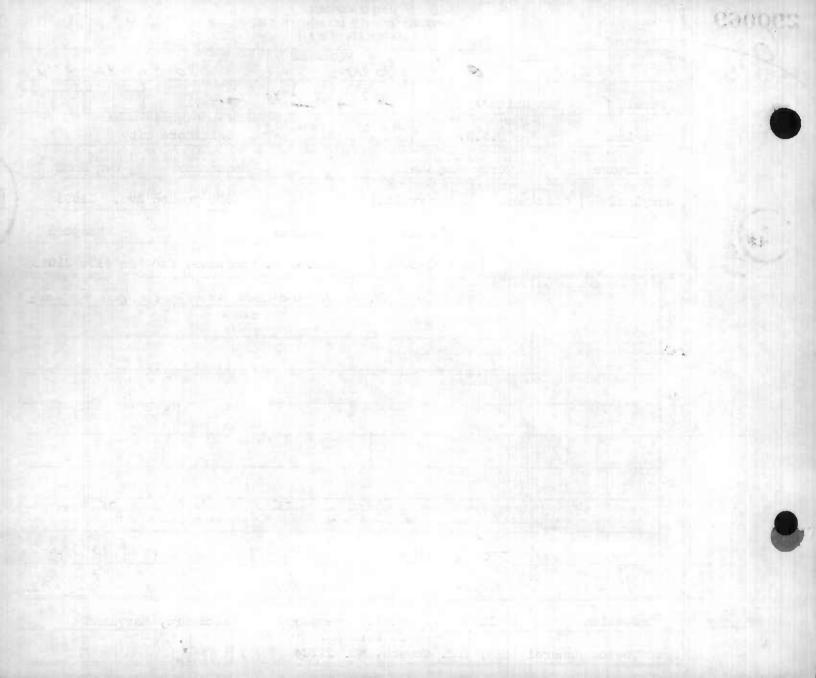
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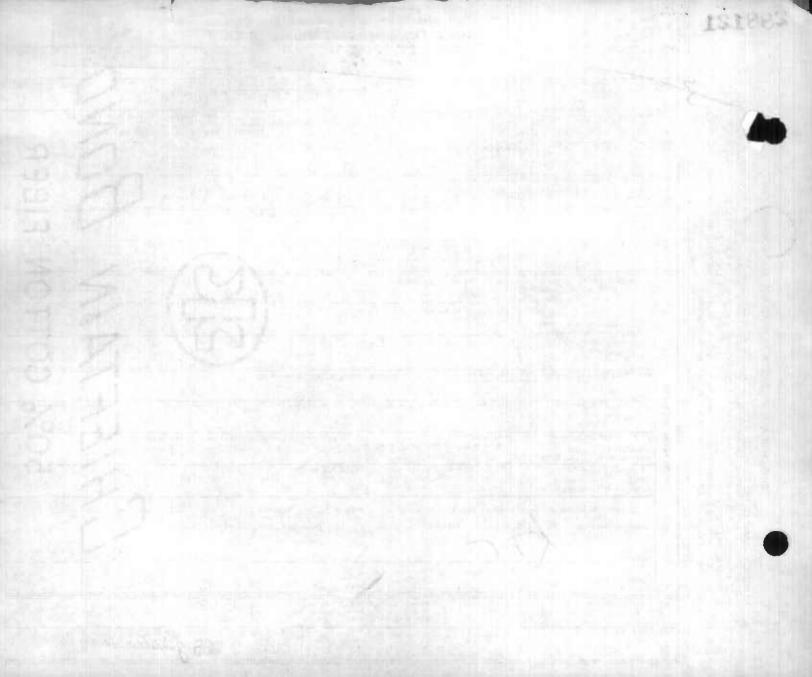
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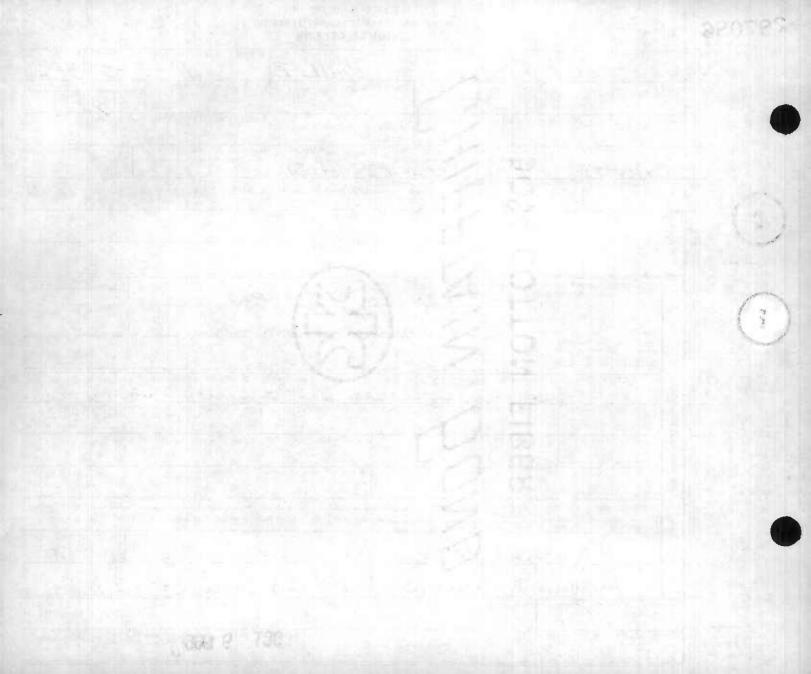


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 308085 REG NO DECEASED NAME MIDDLE 20. DATE OF DEATH 7b. HOUR TYPE OR PRINTI page 3 ARRY :30 ACTONUEIN 40 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS v.Q2 HITE TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 16. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED BALTIMORE 195A WIDOWED DIVORCED [MARYLAND ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CLOTHING INJAL RESIDENCE (IF NURSING HE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI APT. A-1 IL STATE 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? D- #21208 3703 NO X Teakwook 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRS1 MIDDLE MIDDLE SIMON WAGENHEIM ELIZABETH KALLINSKY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT HILDA WAGENHIPTINGS APT, A-1 LYES NO OR UNKNOWN HEYES GIVE WAR OR DATEST 3703 TEAKWOOD DR. BALTO.. MD 21208 NO 214-01-4823 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CERTIFI NO [710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 716. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH of C (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M. 214 INJURY OCCURRED 21L LOCATION 21e PLACE OF INTURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 27a.1 certify that (1) (this haspital) attended the deceased from saw the Deceased alive an_ and that in (my) (aur) apinion death occurred on the date and have and from the causes stated above (Diwe) (did) (did nat) view the bady after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS WOSPITA -OUDSTEIN M.P 0 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 73d LOCATION (SPECIFY) BURIAL OCT, 29, 1985 BP BALTIMORE MD MOSES MONTEFIORE WOODMOOR HEBREW SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4) 21215 6010 REISTERSTOWN RD. BALTO. MD

de touth PARK OF CHECKER WARRENS IN 10 72 3 BALT HANKE 140415 Parentalite and Donat Fort or Dangeling Took On 1089-10-P1C Red Course to X William STRUM LINE THE COLUMN BELDELIN' MED



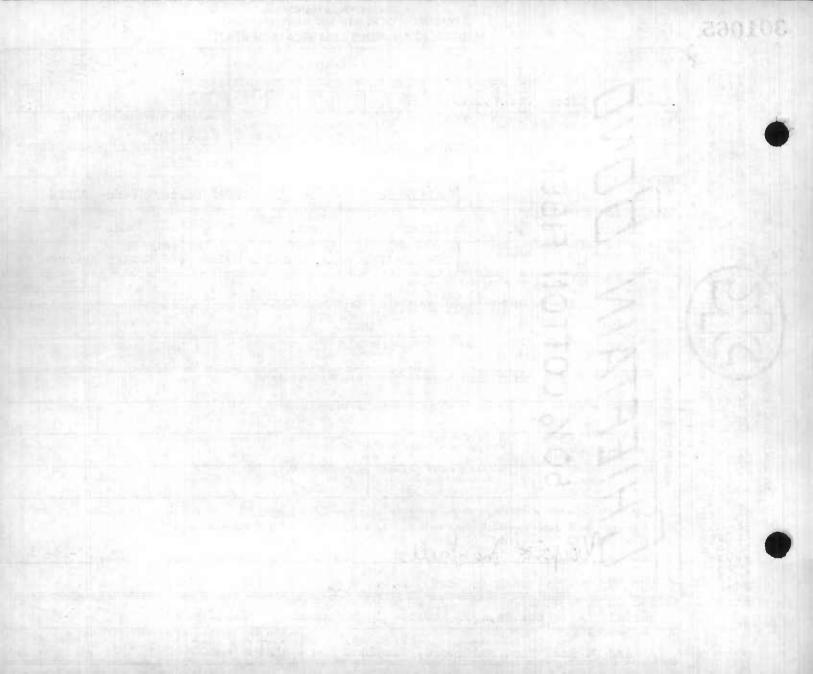
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1 11 17		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 11 10	10.6	N.C.	U.S.A.	WIDOWE		BALTIMORE CITY	MD.
1 1 1 1 1	1	Balto	BON SUCH FACILITY CHY	STREET ADDRESS)	s Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
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			E WAR OR DATES)	2-0411	CHESTER KNOT		OD AVE.
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1 9 9 9 E	2	saw the deceosed alive on obave, (1) (we) (did)/did no	1 view the body ofter deoth,	19. 85., on	d that in (my) (our) opinion o	deoth occurred on the date and hour	and from the causes stated
Sa sale	33	22b. SIGNATUNE	~ 4		DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
E & X		224 PHYSICIAN'S NAME TIPE O	ope foll	Escu		DIRECTOR PHYSICIAN	110-4-15
7 5 E 3 E 6	10	MANINE	- 12	1 0 3	QUIV X	CANIL DE 1	
Short Short With White	23a E	SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	EM LOCATION	121)
вР	- 1	SPEC IFY)	10-10-85	100	AUBURN CEM	CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/84	24 FU	BURTAL UNERAL DIRECTOR		I_MOUNT_	25a C 4	BALTIMORE MCD. B. CEC. 22 25 MEGISTS	AR SUGNATURE DASS
(VRA 15, 4)		W.C. MARCH F/H	CO. 1101 E	NORTH A	AVE.	0 300	



298020	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 3 5 2	8 4 4 0
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
by be a death death		GEORGE		LACE		20 85 11:11A _M
ge 4 m. ector. p	3. SE	MALE	A. RACE BLACK	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) Z3 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Po	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY) MD.	VSA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE, CITY	
To the fact of the	12	APCTIMURE	VANC, BALTIMORE	°MARYLAND	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
AND 212	13a :	AL RESIDENCE (IF NURSING HOME COL STATE 13b COL MARYLAN)	110.	OURE 13d. INSIDERITY LIMITS?	13e.STREET ADDRESS / ZIP/COL	hubri St
	1	ATHER'S NAME PUBLEW	MIDDLE WALLA	CE MAFRY	WIDDIE	NACLACE
Jack Market		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECUI	GOU CICCIAN	SANUS 47	S. CAWERS
II. BAL		PART I. DEATH WAS CAUS	inly one couse per line for (a), (b), and ED BY: ATE CAUSE (a)	, 1 .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
BTON S feoth ce transferg ver corbo iren, or n	17	Conditions, if any, which	DUE TO, OR ASIA CONSEQUE		2	weeks
that there are a series of other the creens of the creens of the		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF	dert	weeks
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AL RECORDS. he low requi on. thermit Therefore prior to k ows ony injur	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
NG PHYSICIAN: The offending physicion that this certificate he os the buriot trons it is on Americal Hygier from Meet of them 18 show orked or them 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN)	HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM TE	3 PART OR PART 2)
IVISION IG PHYS offendin offendin sthe bur ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FA	RM. ETC.) 211. LOCATION SIREET	CITY OR TOWN	COUNTY STATE
A Africa o			man onenaca me acceased nom_	9/9 1985		., 19 <u>85</u> , that (we) last
Spito CTO H for of H	20	above X (we) (did X X A	10/20 19 8		death occurred an the date and he	
by the hor be detached so Stote Dept.		22b. SIGNATURE	Told mi	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAND	10/21/85
TO HOSPITAL TO FUNERAL should be det with the State		Allen L	- Dollar ma		RAVEN BLVD. BALT	IMORE MD. 21218
BP		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	10-ZS-85 C	AME OF CEMETERY OR CREMATORY ROWNSVILLE VI	A CROWNSVI	1/E MARY LAND
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR	F.H. 1913 W. E	BALTU. ST. 1250. DA	TEREC'D. BY REGISTRAR 256. REGISTAR 256. REG	STRAK'S SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 301065 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE O DATE KNOWNXX MONTH YEAR (TYPE OR PRINT) WALSH AUDREY DEATH MATED 10-23-85. 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS SEX IF UNDER 1 YR. IF UNDER 24 HRS DAY DATE PMHOUR AST BIRTHDAY) PRONOUNCED Jan.6,1929 White Female DEAD 4:49 9. BALTIMORE CITY OF COUNTY OF DEATH BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Baltimore City WIDOWED X DIVORCED II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Carter Avenue Baltimore Housewife ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE COUNTY Baltimore 13. Spett Appress ter Avenue 21214 13d. INSIDE CITY LIMITS? Md. YES [X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Anna LAST Koritzer AARDIDLE Edward Jones 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-20-3766 Mr. Charles Walsh 5606 Carter Avenue 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL AL-TRANSIT PERMIT MENTAL HYGIENE, DN, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A HEALTH CERTIFICATION USED OF HE 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES [3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 2 Is. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 214 INJURY OCCURRED 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK DIRECTOR: F Inspection XX 22a I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Inquiry death resulted fram: Hamicide Undetermined manner SHOULD TITLE (SPECIFY) 10-24-85 TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, M Assistant SIGNATURE 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Baltimore Most Holy Redeemer Md. Oct.26,1985 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** الماسي المساولين المهرية Leonard J. Ruck Inc. Baltimore, Maryland (VR A15 ME (5))

STATE OF MARYLAND



	e 6	deoth	{TYPE	Pearl		Warren			10/2/85		
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	4 4	saft		Female	Black		8/13/13	YEAR	72	YRS MONTHS D	JA
	Pag	9000		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8			OR COUNTY OF DEAT	íн
	ath proj	2 27	C	OUNTRY)	Baltin	nore	MARRIED NEVER	MARRIED U	Baltin	nore City	
	de de	the do	10. CI	TY OR TOWN OF DEATH			S HOME OR OTHER IN		120 USUAL OCCUPA		_
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``	that t	othe othe		underlying cause lost.	DOE TO, O	K AS A CONSEQUE	IACE OF				
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DS,	equires	to b	Z								
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82	e lo	Ne per	IFIC	TE 175 67					YES NOTA	IN CERTIFYING CAU	US
ITA	Th	ygie	E E	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY	21c HOW I	NJURY OCCUR		JURY IN ITEM 18 PART 1 OR PAR	RT
> u.	Phy Phy	OLA O		OR CONTRIBUTING CAUSE OF DE	EAIN .	M. MONTH DA	Y YEAR				
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	OR a	Checker		22b. SIGNATURE	1 0	00	DEGREE	ATTENDING	MEDICAL ST	22c. D	DA
	Al th	deto deto		Taleles.	11-1	Cessu.			MEDICAL ST DIRECTOR PHYS	ICIAN	3
	d b	Id be determined the State		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRE				E
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	5 5 5	433	23o. 8	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	AME OF CEMETERY OF				

Chass. A. Rice FSPA 1300 Eutaw Pl.

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Moore S. Freemont Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH R CONDITION GIVEN IN PART 11a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? OF INJURY IN ITEM 18 PART 1 OR PART 2) TY OR TOWN COUNTY STATE 19____ ____, that (I) (we) last the date and hour and from the causes stated STAFF PHYSICIAN 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE Lansdowne A.A. Md. 25a DATE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE TOO

REG. NO. 20 DATE OF DEATH MONTH

2b HOUR

HOURS

126 KIND OF BUSINESS OR

LAST

IF UNDER 24 HRS

MIN.

IF UNDER I YEAR

MOST OF WORKING LIFE) INDUSTRY

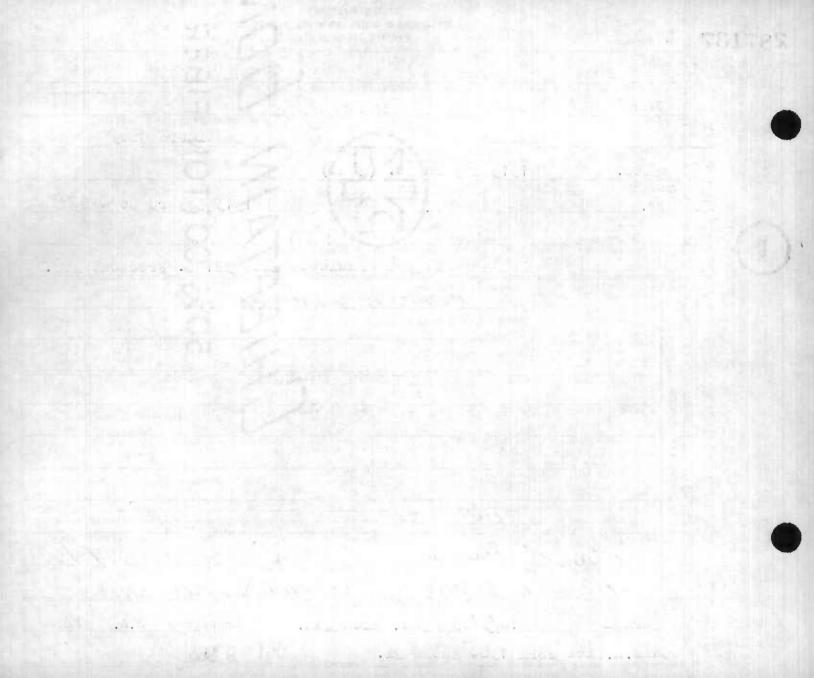
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

(SPECIFY)

Burial

24 FUNERAL DIRECTOR



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFICATE OF DEATH REG. NO.						
		CEASED NAME OF FIRST	MIDDLE	1.1	AST 1	20 DATE OF DEATH MONTH	DAY YEAR 26, HOUR			
	TITLE	ORPRINT) Ethe	2/	Wasi	penfeld	10-	29-85 7 AM			
	3 SEX	X	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS			
	/	-	W	10	25 01	84 YR	MONTHS DATS HOURS MIN.			
扫	a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? &	NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH			
2	1	Maryland	U.S. A.	WIDOWE	. /	Baltimore	e City MD			
	10 01	TY OR JOWN OF DEATH	NAME OF HOSPIT	TAL, NURSING HOME O	ROTHER INSTITUTION	12a USUAL OCCUPATION	G LIFE INDUSTRY			
1	5	alpmore 1	Deatons	ospital & M	edical Center	Homemaker				
1	13g S	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RE	SIDERCE BEFORE ADMISSION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	ODE :			
7		aryland Balt		rbutus	YES NO	1130 Circle D				
24	4 FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA		LAST			
U		David		Miles	Carrie		Young			
2		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 S	OCIAL SECURITY NO	17 INFORMANT	ADDRESS				
-		NO		3-74-4579	Dorothy Bre	eden 1130 Circl				
		18 CAUSE OF DEATH LEnter	anly ane cause per line fa	ria , la , and ici	7. D.	· ·	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
			ATE CAUSE (a)	aspire	MON PA	eu won bis	1 days			
1		STORY OF THE PARTY	DUE TO, OR AS A	CONSEQUENCE OF						
		Canditions, if any, which gave rise to immediate	(b)							
1		cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF						
	3		(c)							
1	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINALDISEASE OPEONDITION				
-	ATIC	190 DATE OF OPERATION	19h CONDITION	FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED			
4	IFIC					IN CER	RTIFYING CAUSES OF DEATH?			
5	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJU	IRY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES NO			
		OR CONTRIBUTING _ CAUSE OF D								
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJ		21f LOCATION					
1	ME	WHILE ON NOT WHILE OF	(AT HOME STREET FAC	TORY, OFFICE FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE			
1		220 I certify that (I) (this has	pital) attended the dece	ised fram	9/17 18 8	15 to 10/19	19 that (n (we) last			
		saw the deceased alive of abave with (we) (did) (did)	(0/)	10 5 5 and	d that in my) (aur) apinian	death accurred on the date and l				
		226 SIGNATUM	O O		DEGREE		22c. DATE SIGNED			
		418	MADI.	MA	ATTENDING PHYSICIAN	MEDICAL STAFF	10/19/55			
7		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	, ,,,,,	22e ADDRESS		120/02/00			
		J.R. Gladeu	MD.		Deaton Ho	spital & Med. C	enter			
1		URIAL, CREMATION, REMOVA	AL 236 DATE	23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION	COUNTY STATE			
		Burial	11/1/85	Woodlaw	n Cemetery	Woodlawn	Baltimore Md.			
	24 FU	UNERAL DIRECTOR		ACDRESS 21	229 250 DAT	TE REC D. BY REGISTRAR 21 REG	BUNDON-MANAGE			
	Hu	bbard Funeral	Home, Inc.	4107 Wilker	ns Ave. nc	T 3 0 1985 / She	Manufaction of China			
	7				100					

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ı	10	REGISTRAR			CERTIF	ICATE OF DEAT	TH	REG. N	0.				
1		EASED NAME FIR	RST	MIDDLE	l	AST		20. DATE OF DEATH	MONTH	DAY Y	EAR	2b HO	UR
ı	ATYPE	Corn	elia	W	ashin	gton		10-19-8	35				٨
1	3. SEX		4 RACE		5 DATE C	OF BIRTH	112 114 1	6 AGE (IN YEARS LAST BI	THDAY)	IF UNDER		IF UNDER	-
F				В	HINDW	17 1	910	75	YRS.	MONTHS	DATS	HOURS	MIN,
1		THPLACE (STATE OR FOREK	ON 76 CITIZEN O	F WHAT COUNTRY?	8 AAAADDIE	D NEVER MARK	RIED 🗆	9 BALTIMORE CITY		Y OF DEA	TH		
	S	C.	U	S.A.	WIDOWE	1750		City					ME
3		Y OR TOWN OF DEATH	(IF NOT IN S	HOSPITAL, NURS II	ADDRESS1		ION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST) DOMEST	OF WORKING L			F BUSIN	ESS OR
2	ISUA 13a ST		OME OR OTHER INSTITUTION COUNTY .A.Co.	134 CITY OR TOV Glenbus	VN .	13d. INSIDE CITY L		13e STREET ADDRESS 429 Azal	zip cod	E:t. 2	210	61	
0	I FA	THER'S NAME David Gi	bbs	LAST		1 46	SIR	WE	٨	1C W	his	te	
2		AS DECEASED EVER IN L	J.S. ARMED FORCES		URITY NO.	17 INFORMANT	67-15	ADDR	ESS				
Ĩ	1	10		214 22	1146	Diane	Wash	ington 42	9 Az			t .	
		18 CAUSE OF DEATH (E	nter anly ane cause p	er line for (a), (b), or	nd ic		1	10-		BET	WEEN	MATE INTE	RVAL D DEATH
			AEDIATE CAUSE (a)_	CARISIO	- # U	MONAKT	N	4631					
		DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if any, which gave rise to immediate											
		couse (a), stoting	the DUE TO,	OR AS A CONSEQU	ENCE OF								
			(c)_										
	z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION GI	IVEN IN PA	RT 11c		
1	CERTIFICATION	19a DATE OF OPERATION	1 196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	20b IF YE	S, WERE F	INDIN	IGS USE	D
	IFIC							YES NO		IFYING CA	USES	OF DEA	
7	E.	210 ACCIDENT WAS UNDERLY		OF INJURY		21c. HOW INJURY	Y OCCURR	ED (ENTER NATURE OF INJ	1		(RT 2)		_
1		OR CONTRIBUTING CAUS	E OF DEATH	A.M. MONTH D P.M.	AY YEAR								
	MEDICAL	214 INJURY OCCURRED	21e PLAC	E OF INJURY		211 LOCATION		CITY OR TO	10/61	AUO	TV		STATE
	\$	WHILE NOT WHILE	[AT HOME	STREET, FACTORY, OFFICE	FARM ETC)	SIRECT		0					31.410
		220 I certify that (I) (this	s hospital) attended	he deceased fram.		ryne , 1	9_83	to	N.	, 19		that (I) ((we) las
	- 6	sow the deceased a abave, (1) (we) (did)	HAC OU	y after Veath.	85	nd that in (my) (our) opinion o	death accurred on the a	ate and ha	ur and Ira	m the	causes st	ated
		226. SIGNATURE	~/			DEGREE	IDINIO	MEDICAL STA	FF	220	DATE	SIGNED	La
		McH-C	year V	~		PHYS	NDING SICIAN [MEDICAL STA		1	0/	221	2
		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			220 ADDRESS	of	= Ma '+	459		1	•	
-	23a Bi	URIAL, CREMATION, REM	AOVAL 23b. DATE	1 23 t	NAME OF C	EMETERY OR CREA	AATORY	123d LOCATION					
	(5	Burial	10/2			r Hill		Balto	M	COUNTY			STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Jass. A. Morton & Sons 1701 Laurens 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

- woundon fondelle

	287050	1	TEM NUMBE FOR 10-I STATE REGISTRAR	B-85	BER:PH	. CALI		T OF HI	OF MARYLAI EALTH AND M ICATE OF DI	ENTAL HYG	IENE Ö	ث «د	2	3	th-ug	di j	
	2	4	CEASED NAME	FIRST		MIDDLE	-	LA	AST		2a DAT	REG E OF DEATH	NO.	DAY	YEAR	2h HOL	IR
	6 m t		E OP PRINTI	AC	1.	6.0	h	boli						5	85		
	ay be booge 3 deoth	3. SE			4 RACE	CE	1	DATE O	ington		A AGE	IN YEARS LAS	7 D		IDER I YEAR	IF UNDER	30 RA
	E	3.36	Female	563	BLAC	K		MONTH	3)	YEAR 1920		65	YR	MONT		HOURS	M(N.
	2 42 50-	7a 8	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUN	VTRY? 8	MARRIED ANEVER MARRIED			9 BALTIMORE CITY OR COUNTY			NTY OF	DEATH		-
	A 25 8 2		'VIRGINIA		U.S.A.			WIDOWED DIVORCED			BALTIMORE CITY						MD.
	7 7 7	10 C	18 CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING			G HOME OR OTHER INSTITUTION		12a USUAL OCCUPATION 12b. KIND OF BI					F BUSIN	ESSOR	
201	1 19 110		BALTIMORE		ST. AGNES HOSP		SPITA	ITAL							PRI. PHYSICIA		
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3 1	1	- Birmana	ARYLAND ATHER'S NAME			BALTI	MUKE		YES X	MAIDEN NA		PUPL	AR GR	JVE :	SIKEE	1, 4	1223
1 ×	b to the		FIRST	- 4	MIDDLE	LAS	URREL		F	IRST		MIDDL	E		JOHNS	140	
31	1 1000	-	NATHANIEL WAS DECEASED EVER	IN IIS AR	MED FORCES?	16b. SOCIAL			FANN 17 INFORMAN			AD	DRESS C	MIL IC	ZIA ZIA	MD	
NOR	11 1/		YES NO OR UNKNOWN)		E WAR OR DATES)	215-1					E1.1						
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IST. BA	COST COST		18 CAUSE OF DEATH PART I. DEATH W	H (Enter on AS CAUSE)	ly ane couse pe DBY:	1			1	+				-	BETWEEN	ONSET AND	DEATH
	Da D		IMMEDIATE CAUSE (a) Respiratory Heres!														
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RES	e de movi		Conditions, if ony, gove rise to imm	nediote	(b)_	CV	7								_	-	
× .	y the		cause (a), statin		DUE TO, O	R AS A CON			11:								
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	sign sign o bu jury	Z	IDDM	VIFICANIC	ONDITIONS C	0 4	1	1	Lin A	IC IN	TI	EASEORC	ONDITION	GIVENI	N PARI III	a	
Ö	v rec	4 \ \ \ \ \ \	19a DATE OF OPERAT	TION 1	19K COND	ITION FOR W	teo un	RATION	N WAS PERFOR	MED	70a A	UTOPSY?	20b. IF	YES. WE	RE FINDIN	VGS USE	D
REC	n. n. ne perm	CERTIFICATION					/				viet .	No	IN CE		G CAUSES	OF DEA	TH?
ITAI	sicia sicia presit ygie ygie	- 12	21a. ACCIDENT WAS UND	DERLYING	21b. TIME C				21c. HOW INJ	URY OCCUR	ED Link	NATURE DE	INJURY INVIEW	PART I	OR PART 21	NO [_
J V	phys phys phys phys phys phys phys phys		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A	M. MONTH	H DAY			2	1	,	- July	and the same			
N	YSIG ding s ce s ce s ce ourid	MEDICAL	(IF EITHER NOTIFY MEDIC			M. OF INJURY		19	211 LOCATIO	N							
DIVISION OF VITAL RECORDS,	offen offen frer thr ss the h and riked o	A.	WHILE NOT WH	RK -	EAT HOME ST	REET, FACTORY, O	OFFICE, FARM	ETC)	STREET			CITY C	RIOWN	255	COUNTY		STATE
	NDI NDI NDI NSE Teolitis		22a I certify that (1)	The same of the sa	tion,	ne deceased f			8/7	19 85	, ta		10/	5, 19_		that (h (
	Spiro CTO CTO I far of h	1	saw the decease obove, (I) (we) (c	ed alive an did) (did no	t) view the body	ofter deoth.	19 8	, an	d that in (my) (aur) apinian i	death acc	urred an th	e date and	haur and	d from the	causes st	ated
	OR on		22b. SIGNATURE	1	10	1			EGREE	TELLEN IO				/	22c. DATE	SIGNED	
	Al the state of th			brust	Zon	1			PI	TENDING HYSICIAN [MEDIC DIRECT	OR PH	STAFF YSICIAN 🔁		19/5	183	
	NA Ped		22d PHYSICIAN'S NA	AME (TYPE 9	R PRINT)	1			22e ADDRESS	2	420	400	25.6	Han	his	7/2	29
	TO HO should with the MAPO	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAM	E OF CF	METERY OR CI	REMATORY	23d 10	OCATION	J. 3		,		
	BP		BURIAL			-1985			S MEMOR			CITY OR TOWN	MORE (COLIN	TY	3	STATE
	DHMH - 16 60M 7/84	24	INTERESOSO	NS FU				-		25a. DAT	E REC'D.	BY REGISTE	AR 254 REC	SISTRAP	SSIGNINE	UBELO	2
	(VRA 15, 4)		2501 GWYNNS					MD	21216	OC	1 8	9 1985	fresha	المتناليار	1001-N		

	STATE OF MARYLAND
	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
305014/	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
deoth 3	raymona Desales 12 10 70, Sr. 10 71 05 16 AM
Ter p	3. SEX 4. RACE S DATE OF BUTH DAY YEAR ONTH DAY YEAR MONTHS DAYS HOURS MIN.
ge 4	male Glack 4-9-35 50 yrs vrs.
4 50 P	76. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED P. BALTIMORE CITY OR COUNTY OF DEATH WEST Virginia 1 C 1 1 1 1 1 1 1 1
Go the death	MD.
	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 11 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
by filed	Daltimue (ity Poplar Manor nursing Home Butcher Meat
hour Hour	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 139 STATE 136 COUNTY 136 CITY OR TOWN 138 INSIDE CITY LIMITS? 138 STREET ADDRESS 2/2/4
ANA CONTRACTOR	Mazy Land - Baktimore City YES W NO 1 3313 POPLAR STREET
RY1	14 FATHER NAME FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST MIDDLE LAST
W B B B B B B B B B B B B B B B B B B B	Saul Washington Lillian Cox
BALTIMORE,	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 22 W.Oldtown RD. (YES, ND OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
TIW.	NO 232-54-2513 Ramona Washington Cumberland, MD
BAL St. th	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART). DEATH WAS CAUSED BY:
ST.	PART I. DEATH WAS CAUSE DBY: IMMEDIATE CAUSE (0) OME OME OME MACH M
death or death or comprise control	DUE TO, OR AS A CONSEQUENCE OF
diso diso	Canditions, if any, which gave rise to immediate
Y. W. San	couse (o), storing the DUE TO OR AS A CONSEQUENCE OF underlying couse lost.
that the solution of the solut	10
uir uir sign sen o bu	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ORD red	196 DATE OF OPERATION 199 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
PREC.	IN CERTIFYING CAUSES OF DEATH?
VITAL VITAL No. The hysicion icote hypricions promit promi	YES NO YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
IAN: IAN: Physical Hidico	OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONEY DAY TEAR
N SKC SKC Lario	OK CONTRIBUTING CONTROL CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FICTORY, OFFICE, FARM, ETC.) STREET CONTROL STREET CONTROL STREET
15101 PHY Hendi The bu	
DINO or or or Afre e os olth mork	AT WORK AT WORK 270. certify that (I) (this hospital) attended the deceased from
TEN TO OR: THE HE	sow the deceased alive on
RECI ed form	abave, (I) (we) (did) (did not) view the body offer depth. 27b. SIGNATURE 27c. DATE, SIGNED
the horse to DIRE	ATTENDING MEDICAL STAFF 10/25/m
TO HOSPITAL 1 retoined by the TO FUNERAL 1 should be deto with the Store I	274 PHYSICIAN'S NAME (sype or Print) 276. ADDRESS
O HOSPIT. Promed by TO FUNER. Should be divided be divided by the State of the St	Marioan 705 BATME EC. Nols 15 mm
Of Of M	236, BURIAL CREMATION, REMOVAL 235, DATE 236, NAME OF CEMETERY OR CREMATORY 23d, LOCATION
BP	(SPECIFY) CITY OR TOWN COUNTY STATE
	Burial 10/28/85 Sunset Memorial Park Cumberland Alleg MD 24. FUNERAL DIRECTOR 125. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
DHMH - 16 50M 1/76 (VR A 15 (4))	NAME Leasure-Stein Admental Home 10730 4005
	230 Baltimore Ave. Cumberland, MD 21502

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG NO I. DECEASED NAME KNOWN & 20 DATE TYPE OR PRINTE OF ESTI-Lee 2119 85 WILLIAM WASHINGTON 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2c DATE 2d HOUR Black Male PRONOUNCED 10,20 DEAD 21 19 85 76 CITIZEN OF WHAT COUNTRY? a. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED DIVORCED Baltimore City VIN PAGE 5 D BE FILE 178 USUAL OCCUPATION (TYPE OF WORK 178 KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION HE NOT IN SUCH FACILITY. GIVE STREET ADDRESS) Boiler Operator Balto Baltimore 1810 Thomas Ave. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13b. COUNTY YES NO 13e f Bellopolitomas Avenue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Pauline Woodland Washington Anne Raymond ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT IYES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 213-54-4061 Raymond Washington 9536 Wandering Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of chest (handgun) IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? Body Only EXECUTE THE CERTIFICATE, WRITING THE WORMS AS SHOULD BE FORWARDED TO THE OF THE UNRECTORE, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIQR TO BUILD BUILD SHOULD SHO 21a EXTERNAL CAUSE WAS 71h TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 9:55 KK 10-21- 1985 Self-inflicted. 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STATE AT WORK NOT WHILE AT WORK 1810 Thomas Ave. Balto. MD home 220. I certify that I took charge of the remains described above, held an Suicide X Hamicide death resulted fram: Natural causes Accident Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 10-21-85 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATOR) Burial Oct. Garrison Vet. Cem. Balto. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Chatman-Harris Fum: Home 1701 McCulloh Colis Davidson (VR A15 ME (5))

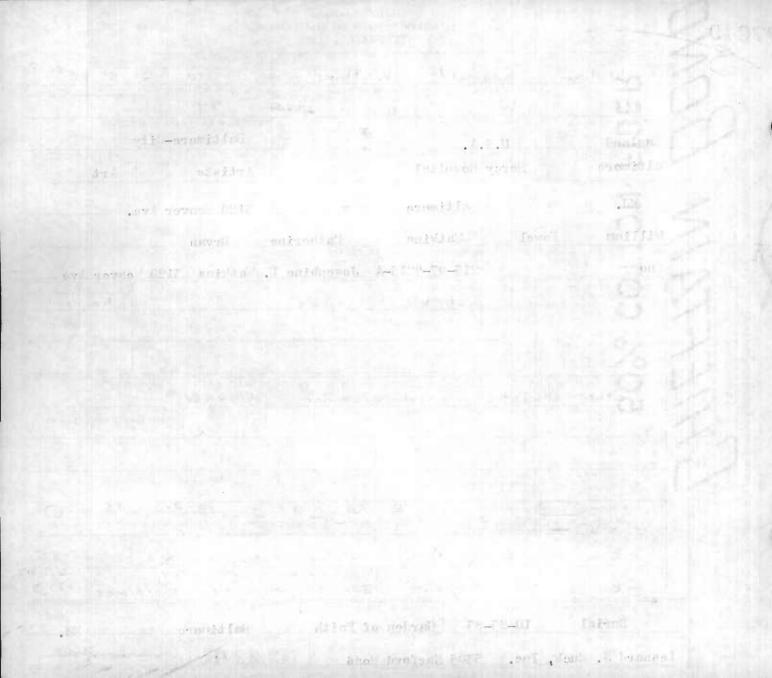
bollet (pornton) relied Tolo Tacana Avenue manage bulle I sulmanage 13-54-40-1 and an interest of 5556 and or a landed Oct. Sone Garries was tree. Challand | Dal pani | day | Margaration | Challand

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10/24/85	400	4.100	39	
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5305 Harford Road

(VRA 15, 4)

Leonard J. Ruck, Inc.



FOR STATE REGISTRAR

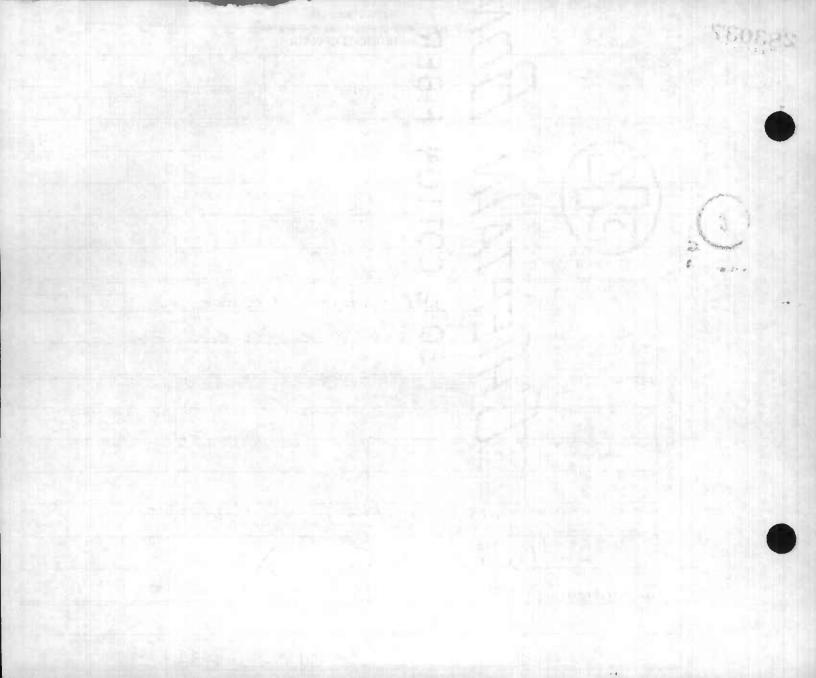
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

					REG. NO	J.
	CEASED NAME FIRST	WIDDLE	LA	ST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
	Willie	Lee	Watki	ns	October 6	. 1985
3. SEX		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIR	
	male	Black	MONTH	DAY YEAR	70	MONTHS DAYS HOURS
70 BIF	RTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y2 8	10 1913	0 BALTIMORE CITY O	R COUNTY OF DEATH
	COUNTRY)		MARRIED	NEVER MARRIED	The state of the s	
10 013	Va	USA	WIDOWE	743	Baltimor	
10 CII	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)		120 USUAL OCCUPATION OF OF WORK FOR MOST O	
В	Baltimore	1114 Lynhurst	Street		Retired	
UA 13n S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFO		121 INICIDE CITY LIVERCO	13e STREET ADDRESS	TID CODE
	aryland /	Baltim		YES X NO T		
-	THER'S NAME	34.0111		15 MOTHER'S MAIDEN NA	ME TITA I AUUR	irst Street 21229
1	Junius	MIDDLE LASI		FIRST	MIDDLE	LAST
14- 14	VAS DECEASED EVER IN U.S. AR	Watkir		Mary	ADDRE	Butler
	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)		17 INFORMANT	ADDRE	Apt
	No	217-01-	-4522	Williams L. W	latkins 8 N	Woodington Road
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b)	and ic-	1 1		APPROXIMATE INTERVA BETWEEN ONSET AND DE
NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	O DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART 110
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Z F					YES NO	YES NO
U	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAV VEAR	21¢ HOW INJURY OCCUR	ED (ENIER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
AL	OR CONTRIBUTING CAUSE OF DE	*****	19			
ě	(IF EITHER NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TON	WN COUNTY STAT
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC)		CITY OR TOV	
	21d INJURY OCCURRED WHILE AT WORK AT WORK 22a 1 certify that (1) (this hospi	(AT HOME STREET, FACTORY, OFFICI	E, FARM, ETC.)	STREET	to Des	714, 19, that (I) (we)
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DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ending physician

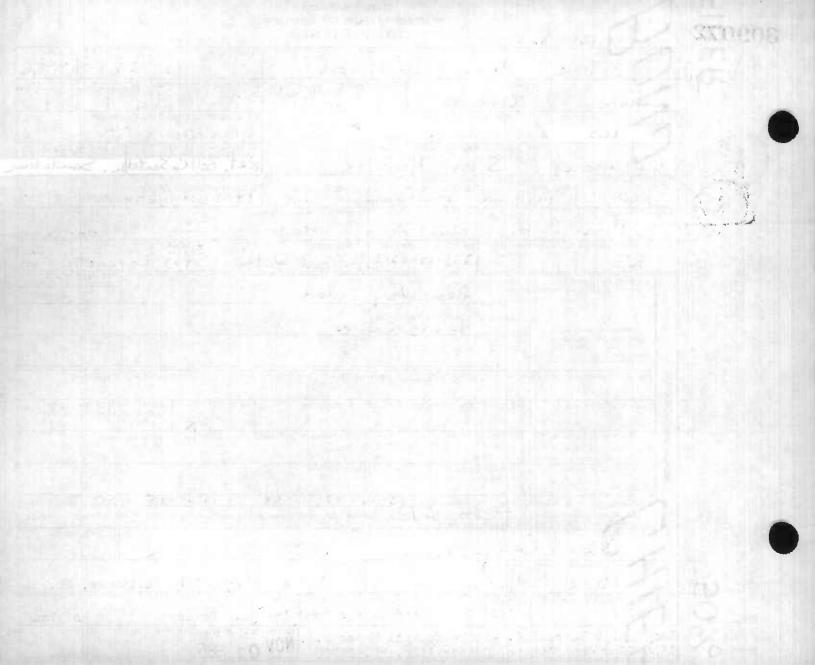


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1630 Edmondson Avenue, Catonsville, MD, 21228

DIVISION OF VITAL

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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The Continue The		14.0	REGISTRAR				CEKTIF	ICATE OF DEATH	REG.	NO.			
Rose Irene Watson October 9, 1985 Temple Property				FIRST	A	MIDDLE	Ü	AST	26. DATE OF DEATH	нтиом	DAY YEAR	2b. HOUR	P
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13 STATE 136 COUNTY 136 LINION 136 L	4							21206	Homema	ker			
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18 CAUSE OF DEATH (Enter only one couse per line figr 10), (b), and (c)			ES, NO OR UNKNOW										400
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DUE TO, OR A CONSEQUENCE OF CONDITIONS, if only, which gave rise to immediate cause in. It is immediate in. It is in it is in it is in. It is in It is in i			18 CAUSE OF I	DEATH (Enter or	nly one couse per	line for (o), (b), one	dicti	0115			BETWEEN	ONSET AND DEA	тн
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226.1 certify that (1) (this hospital) attended the deceased from 19		EDIC			21e PLACE	OF INJURY			CHYO	IOWN	COUNTY	STATE	
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PHYSICIAN PHYSIC	i		77h STATUR	E	1. 1	4					22c DATE	SIGNED 1	05
DON ADW. WIND 3009 EVERLEEN IN DUZTOWN 236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY STATE Burial 10-12-85 Baltimore Cemetery Balto Balto Md. 24 FUNERAL DIRECTOR 256 DATE REC'D. BY REGISTRARY 256 RIGISTRARY SIGNATURE.			UMQ	20 W.	Mux	25	MX), ATTENDING PHYSICIAN	DIRECTOR PHY	SICIAN	10	1/1/1	3
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LASSAHN FUNERAL HOME BALTO 21236 OCT 10 1900 JUNE DELLASSAHN FUNERAL HOME						ADDRESS	7401	BELAIR 20 250 DAT		AR 256 REGIST	RABIG SIGNAT	Manda M	2.
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DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR After

should be detached for use as the burial-transit permit. T with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If them 21 is marked or Item. 8 shows any in

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			1. 10-11-01 1. 10-11-01 1. 11-11-01	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE 304034 REGISTRAR REG. NO DECEASED NAME KNOWN X 2a. DATE DAY 7h HOUR (TYPE OR PRINT) ESTI-S NECESSARY, PLEASE EFUNERAL DIRECTOR. E 5 FOR YOUR FILES. E), WITHIN 72 HOURS W, PRESTON STREET, Buster DEATH MATED TRAVIS WAUGH 10 28 1985 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR 5. DATE OF BIRTH IF UNDER 24 HRS 20 DATE 85 PRONOUNCED 5:43 8 White Male DEAD YRS 70 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Mary land U.S.A. WIDOWED [DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 2, AND 3 TO THE B 3. RETAIN PAGE 2 SHOULD BE FILED AL RECORDS, 201 V OR INDUSTRY FOR MOST OF WORKING LIFE] None Baltimore South Baltimore General Hosp. ISUAL RESIDENCE HEINAUR HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? STREET ADDRESS 1402 Cypress Street 21226 Maryland YES X I4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDI MIDDLE Jav Patricia Waugh Sr. Street 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** DIVISION (YES, NO, OR UNKNOWN) None Jay J. Waugh Sr. Same as 13e ALONG WI 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF KED AS A BURIAL -HEALTH AND MEI AL, CREMATION, C lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION USED / 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE DIVISION OF VITAL YES S NO [BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK TO NOT WHILE PAGE 4 SHOULD BE FORWARD
TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE (
BATTMOSE MARYLAND, 21201 X 220 I certify that I took charge of the remains described above, held on Natural couses X death resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 10-28-85 **SIGNATURE** EXAMINER'S NAME ADDRESS 111 Penn St., Balto., MD Ann M. Dixon, M.D. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 235 DATE Burial 10/30/85 Baltimore Balto STATE Parkwood Cemetery 07/84 24 FUNERAL DIRECTOR 750. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 17 George J. Gonce 4001 Ritchie Hgwy Balto Md (VR A15 ME (5))

STATE OF MARYLAND

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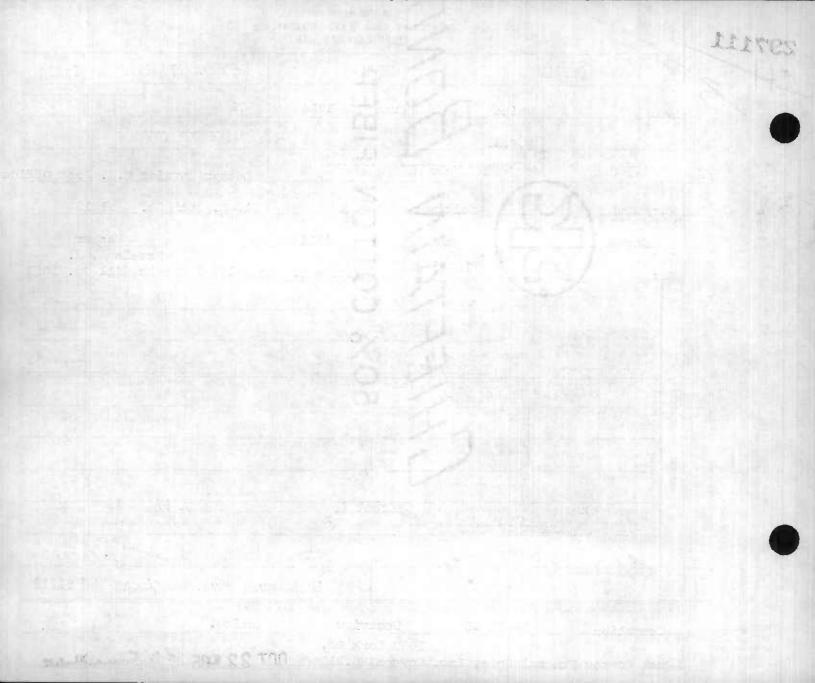
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	-	BEGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
-		CEASED NAME	GERALD	ĵ	AIDDLE	WE	BB	October	17, 19	85	1:25p M
	Ma.	2 44	200	RACE White	75.3	5. DATE O		6. AGE (IN YEARS LAST		IF UNDER I YEAR	HOURS MIN.
5	de Bi	rthplace (11)-12 (04)	Ом см. 76		WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	BALTIMO	7.11.0		MD.
3	Is CI	BALTIMORE					LTIMORE MD	12a USUAL OCCUP/ (TYPE OF WORK FOR MOS	TOF WORKING LIFE)	INDUSTRY	OF BUSINESS OR
6	13a S	AL RESIDENCE (IF NURS STATE LTVland	13b COUNTY		GIVE RESIDENCE BEFOR 13c CITY OR TOW Baltimo:	VN	13d INSIDE CITY LIMITS? YES 😡 NO 🗌	13e STREET ADDRES 712 E. 36		212	18
		ATHER'S NAME FIRST Unknown		DDLE	Webb		15. MOTHER'S MAIDEN N. FIRST Lillian	WIDDLE		Moshe	
			IN U.S. ARME (IF YES, GIVE W	AR OR DATES)	213 01 C		Sharon L. N			eland, l Hill l	Rd. 21053
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		22a.1 certify that (X saw the decease abave, (X/we) (c	(this haspital ed olive on did) (o ks/uX) v	Octob viewthe body	e deceased fram_PL 17.19_after death.	85, ai	nd that in (m¾ (aur) opinion DEGREE ATTENDING	n death accurred an the	date and hour		
		220. PHYSICIAN'S NA	AME (TYPE OR PI	RANI	2		3900 Loch R			1. /	
	(SURIAL, CREMATION, (SPEC#Y) remation UNERAL DIRECTOR	REMOVAL	236 DATE 10-21-	85	Wes	EMETERY OR CREMATORY tview	23d LOCATION CITY OF TOWN Balto. TE REC'D. BY REGISTRA	ADIZEL DECISES	COUNTY	STATE Md.
		ack Towson	Funer	al Home			ork Rd	CT 22 1085		ar's SIGNAT	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



298045

FOR

REGISTRAR

- STATE

DIVISION OF

DECEASED NAME CHARLES MODITION WEIGHAN, SR. CTYPE OR PRINTS poge , Wusman 5. DATE OF BIRTH 3 SEX ector., YEAR 08 12 12 Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 13b COUNTY HD 4 FATHER'S NAME MARGARET 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANI IYES NO OR UNKNOWN) YES Sohnlinton 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED Dri 216. TIME OF INJURY 21c. HOW INJURY OCCURRED 21a ACCIDENT WAS UNDERLYING Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 0 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME STREET, FACTORY OFFICE FARM ETC.) NO! WHILE 220.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive an. , and that in (my) (our) opinion deat above, (1) (we) (did) (did nat view the body ofter death old be detached the State Dept 226 SIGNATURE DEGREE ATTENDING Dellewsm PHYSICIAN D IMPORTANT 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 22 5. GIRRIE Barrows 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Burial 10/24/85 Baltimore Nat'l Cem 24 FUNERAL DIRECTOR 25g DATE RE DHMH - 16 60M 7/84 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

	an C
5 2 8	. 5 5
REG. NO.	
DATE OF DEATH MONTH DA	- 20
	- 5 4:39 PM
	ONTHS DAYS HOURS MIN.
75 YRS ALTIMORE CITY OR COUNTY O	DEDEATH
Balt. City	
USUALOCCUPATION	MD. 126. KIND OF BUSINESS OR
PE OF WORK FOR MOST OF WORKING LIFE) Driver	Trucking
	Tracking
STREET ADDRESS / ZIP CODE	n. St. 21201
WIDDLE	
WIDDLE	ELLSROAD
ADDRESS	
2906 Midnigo	WAVE. 21215
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
t	3 homs
L DISEASE OR CONDITION ON C	L D L D L D L D L D L D L D L D L D L D
L DISEASE OR CONDITION GIVE	NINPARITO
200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED
YES NOW YES	ING CAUSES OF DEATH?
(ENTER NATURE OF INJURY IN ITEM 18 PAR	
CITY OR TOWN	COUNTY STATE
to 10-20 19	
h occurred on the date and have	
AEDICAL STAFF	22c. DATE SIGNED
RECTOR PHYSICIAN	10-20-8)
St. Baltimore	MD 2/201
23d LOCATION CITY OF TOWN	Maryland
Baltimore C.D. BY REGISTRAR 256 REGISTRA	
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

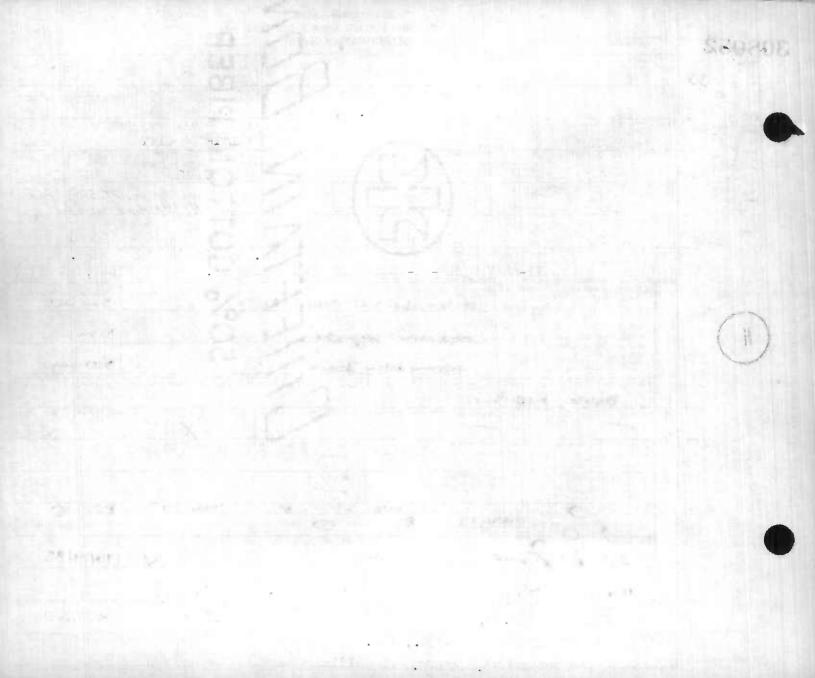
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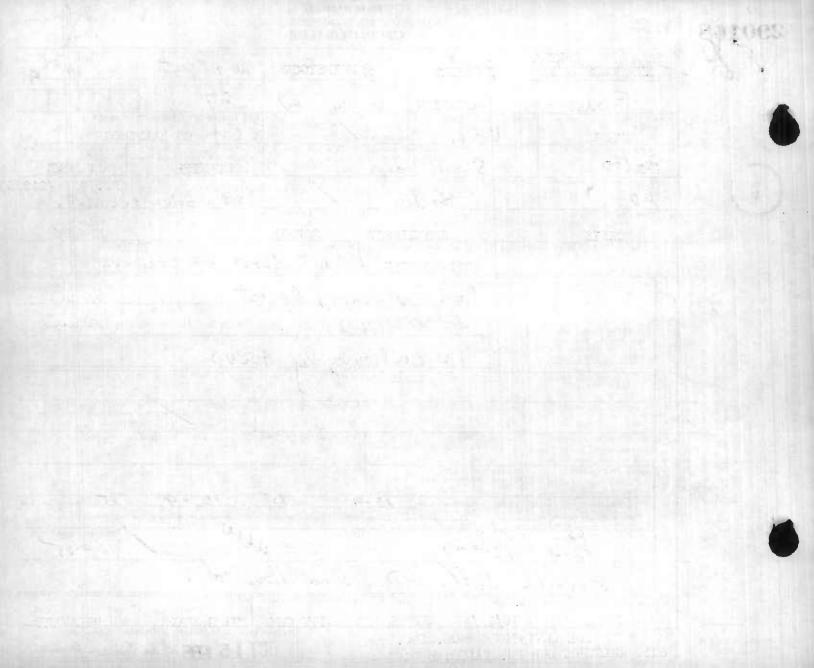
						CERTIF	ICATE OF DEATH	REG. NO).		
8		CEASED NAME OR PRINT)	FIRST MORRIS		MI MIDDLE	EINBE	RG	20 DATE OF DEATH OCTOBER 24	MONTH D	DAY YEAR	26 HOUR 05:38p
(3. SE	X		4 RACE		S. DATE C		& AGE TIN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HR
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1	70 B	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	^	XX NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
9		MARYLAND	Certal Co	USA		WIDOWE		BALTIMORE	CITY		
4	10 C	TY OR TOWN OF DE	ATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS
5		LTIMORE		THE JOH	NS HOPKIN	IS HOS	SPITAL	MERCHANT			CAIL
35	130.5	AL RESIDENCE IF NUR STATE ARYALND	136 COUN		BALTIMOR	N	136 INSIDE CITY LIMITS? YES (X) NO [13e STREET ADDRESS /	ZIP CODE	APT. 50	8 21.
	14 FA	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			
Y		HARRY		mpott.	WEINBERG	34,	LENA	WIDDLE		GORI	OON
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT MRS	. ADALINED W	EINBE	RG APT	r. 1B
1		YES		I-ARMY	219-12-	7231	111 WILLOW E	BEND DR. OW	INGS I	MILLS,	MD 21:
		18 CAUSE OF DEAT	TH (Enter onl	y one cause per	line for (a), (b), one	l (c)				APPROX BETWEEN	MATE INTERVAL
111		PART I. DEATH V	VAS CAUSEI IMMEDIATI	D BY E C AUSE (a)	dectromed	hanie	Monocard Ani	n		5 mi	atur
		Canditions, if any gave rise to im cause (a), statil underlying cause	mediate ng the	DUE TO, O	R AS A CONSEQUE	NCE OF	of descere	10			years
				ONDITIONS CO				INIAI DISEASE OR CONI	DITION CIVI		
	NOI	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO D		NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVI		
2	TIFICATION		NIFICANT C	y puch.	ONTRIBUTING TOD	EATH BUT		200 AŬTÓPŠÝ? YES NO	20b. IF YES.	EN IN PART 11	a NGS USED
22	CAL CERTIFICATION	PART 2 OTHER SIG	NIFICANT C	196. COND 196. TIME O 11 HOUR A.	DNTRIBUTING TO D	OPERATIO	NOT RELATED TO THE TERM	200 AŬTÓPŠÝ? YES 🔲 NO	20b. IF YES, IN CERTIFY YES	, WERE FINDING CAUSES	NGS USED OF DEATH?
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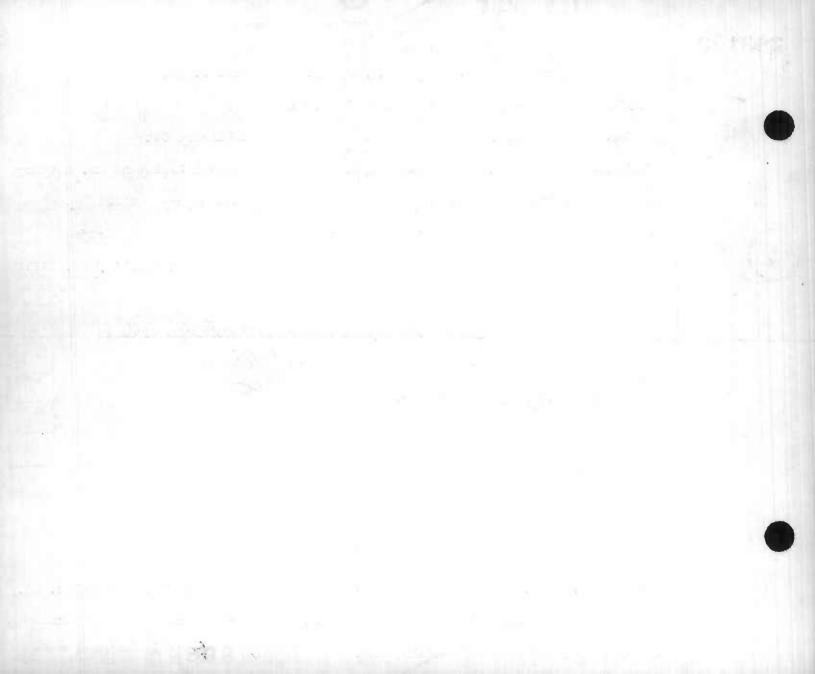
DHMH - 16 60M 7/B (VRA 15, 4)

BP



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	1179	EASED NAME BERTH	DEXINTERED	WEINSTOCK	10 - 4 - 85	DAY YEAR 26 HOUR
The state of the s	1.56	FEMALE	4 RACE CAUCASIAN	5. DATE OF BIRTH MONTH DAY YEAR 14 40	& AGE (IN YEARS LAST DIRTHDAY) R 7 YRS	IF UNDER 1 YEAR HE UNDER 24 HAS
1 1 97		RUSSIA	76 CITIZEN OF WHAT COUNTRY?	MARRIED DEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	
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(美女	136.5	AD IN COUR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	YES NO	130 STREET ADDRESS / ZIP CODE 2500 W BOLVEN	APT. 926 (21215
11300		MORRIS	MIDDLE LAST PEREZ		WIDDLE	UNKNOWN
Timore an and a Paper		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN} (IF YES, GIV	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 221-50-2	11-11- 011	ker 606 Farml	
RDS, 201 W. PRESTON St., BA equives that the death certificant is signed by the attending physic Then planse emone corbac poly is burial, cremation, or temo-of injury, or other fraumatic event i	NOI	Conditions, if ony, which gave rese to amorphise the underlying cause lost.	DBY: TE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	orlhonory Arr NCE OF M.I. Orce of tomogaly,	ASCUD MINAL DISEASE OR CONDITION GIV	BETWEEN ONSET AND DEATH 30 Wigh 30 win
At Keco	CERTIFICATION	1% DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
TSION OF VIII	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEALINE LEARNING CAUSE OF DEALINE LEARNING CAUSE OF DEALINE CAUSE OF DEALING CAUSE OF DEALINE CAUSE OF DEALI	HOUR A.M. MONTH DA	19 211 LOCATION	RRED (ENTER NATURE OF MJURY IN ITEM 18 P.	COUNTY STATE
DIV OR ATTENDING e hospital as at DIRECTOR After ched for use of a Dept. of Health of Nem 2.1 a month		220.1 certify that (1) (this hospi	otal) attended the deceased from		n death occurred on the date and have	79 that (I) (we) last r and from the causes stated
O HOSPITAL fromed by th house but district who has the store who has some		Steven	L. Jotte M	PHYSICIAN PHYSIC	DIRECTOR PHYSICIAN	10-9-85
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	10/11/85 JEW	ISH COMMUNITY CEM	23d LOCATION CITY OF TOWN WILMINGTON	COUNTY STATE DELAWARE
DHMH - 16 50M 4/83 (VRA 15, 4)	60	NAME SOL LEV 10 REISTERSTOW	INSON & BROS	250. DA 1215	CT 1.5 1985 Filher	RAR'S SIGNATURE





(VRA 15, 4)

Howard R. McComas III, Abingdon, Md. 21009 DHMH - 16 60M 7/84

Oct.28,1985

Burial

BrookTyn 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Md STATE

PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

Cemetery

23c NAME OF CEMETER

Cedar Hill



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- ST RE	GISTRAR				CERTII	ICATE OF	DEATH	R	EG. NO.		Salation of
1. DECEA	SED NAME	FIRST		WIDDLE		LAST		20 DATE OF DEA		DAY YEAR	26 HOUR
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	NELLI	E	W.		WELKE	R		10/19/8	5	10:31
3. SEX	FEMALI	p.	4 RACE	TOP	5. DATE (YEAR	6 AGE (IN YEARS)		MONTHS DAYS	HOURS MI
BIRTH	PLACE STATE			ITE WHAT COUNT	PY2 /	29	_11	9 BALTIMORE C	YRS		
COUN	ITRY)	1			MARRIE	D NEVER		Baltimo			
The second second	yland OR TOWN OF	DEATH	U.S	HOSPITAL, NUI	WIDOW		IVORCED TITUTION	120 USUAL OCC			OF BUSINESS (
Z	imore		(IF NOT IN SU	ICH FACILITY, GIVE ST	REET ADDRESS)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(TYPE OF WORK FOR		SLIFE) INDUSTRY	
2			St.	Agnes H	ospital		1.07%	Clerk		Hos	pital
13a STAT	E3	In Cour	VIY	13t. CITY OR T	OWN		CITY LIMITS?	13e STREET ADD	RESS / ZIP CO	DDE	
	vland R'S NAME	How	ard	Ellico	tt City	YES	S MAIDEN NA	3335 A	ot. GN	· Chath	am Rd.
PAIRE	FIRST		WIDDLE	LAST		IS MOTHER	FIRST		DUE	4.	AST
	Walte		E.	War	rington	11 11 15 0 0 11	Amelia		ADDRESS		Maier
	NO OR UNKNOWN		MED FORCES?	166 SOCIALS	ECURITY NO	17 INFORM	ANI		ADDRESS		
	NO			217-0	7-8753	Nancy	L. Hoo	per 714 1	ee Ave	2178	
18	CAUSE OF D	EATH (Enter of	nly one couse pe	rine for 101, (b)				ARCT WI	0	APPRO BETWEEN	XIMATE INTERVAL
PA	nderlying co	ouse last	(Ic)	OR AS A CONSE	1	NOT RELATE	D TO THE TERM	NINAL DISEASE OR	CONDITION	GIVEN IN PART	la .
CERTIFICATION 510	DATE OF OP	ERATION	196 CONE	DITION FOR WH	IICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY	IN CER	YES, WERE FIND TIFYING CAUSE YES	
E 210	. ACCIDENT WA			OF INJURY	DAY YEAR	21c HOW I	NJURY OCCURE	RED (ENTER NATURE			
AL OR		CAUSE OF DE	AIN	P.M.	19						
W W	HILE NO	OT WHILE TWORK		OF INJURY	ICE FARM ETC)	211. LOCAT STRE		CIT	Y OR TOWN	COUNTY	STATE
	I certify that	t this hasp	000		87	nd that in (my	19	death accurred an	CT 19	19_85	that ++ (we) le
225	SIGNATURE		1.7	into	- 1.	DEGREE M.D	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN P	/	19/85
22 d	BE.	SNAME ITYPE	F. N	10 R.70	N	22e ADDRE	. Anges			1 10)	
230 BURI		ON, REMOVAL	23b. DATE	2	THE NAME OF	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE
(3rec	Buri	ial	10/2	3/85	Meadow	ridge	Mem. Pk.			Howard	Md.
	RAL DIRECTO			ADDRE	ss 212	29	25a. DAT			ISTRAR'S SENIA	
nubl	Jara Fi	meral.	Home, I	nc. 410	/ Wilke	ns Ave					

DHMH - 16 60M 7/B4

(VRA 15, 4)

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309036		REGISTRAR			ME		EXAMIN	IER'S	CERTIFI	CATEO	F DEX	TH	REG	NO.				
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日本の意味を		RTHPLACE (51)	ATE OR		TIZEN OF W		VTRY?	8 MARE	RIED X NE	VER MARRI	IED [BALTIA	MORE CIT	Y OR CO	OUNTY	OF DEA	TH	
S-FOR	M	ARYLAND		J	U.S.A.			WIDO	WED	DIVORC			imor					MD
STREET STREET	10, C	TY OR TOWN C	OF DEATH		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)							VORK 12	126 KIND OF BUSINESS OR INDUSTRY					
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O T	14 F	ATHER'S NAME		A IDD	16		TAST		15. MOTH	ER'S MAIDE	NAME		MIDDLE			LAS	1	
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S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL RITING THE WORD "PENDING" IN PENCIL IN ITEM 1 ROB TO THE CHIEF MEDICAL EXAMINER ALONG 32 3 SHOULD BE USED AS A BURIAL-TRANTAL HYGIENE, OF PERRANTAL HYGIENE, OF PRIGRETO BURIAL, CREMATION, OR REMOVAL.	7	PART 2 OTNER SIG	NIFICANT CONDITIO	NS CONTRIB	UTING TO DEATH	N BUT NOT REL	ATEO TO THE TER	MINAL DISEA	SE OR CONDITIO	ON GIVEN IN PA	RT 1 to					R.		
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VISION OF VITAL RECENTIFICATE SHOULD TING THE WORD "PE PED TO THE CHIEF AS SHOULD BE USED. DEPARTMENT OF HE PRIGRETO BURRIAL, OF HEIPER TO BURRIAL, OF HEI		190. DATE OF	OPERATION												BODY ONLY			
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S CERTINA REPER SOL	ME	WHILE AT WORK	NOT WHILE			CTORY, FARM,			STREET			CITY OR TO	NWC		COUN	TY		STATE
ESASE 2												_						
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		220. I certify	that I took chi	arge of th	e remaylis de	ribed of	ODK 19ON	LYAuto	psy X.	Inspection	n	Inquiry	, L	and in	ту оріп	поп		
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A WE BER		ACTUAL /	00000		MY	11.11	SYLG	7	,	SPECIFY)	-			,	DATE	3.0	120	/05
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07/84 BP		uneral direct	OR	1 11/	1/05	100	111201		229	250. DATE								
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(4V MIS INC (2))	LIL	ו שאממע	ONEKAL	TOME	1 TINC .	410/	MATTICE	יא טאי	THACT				W_					

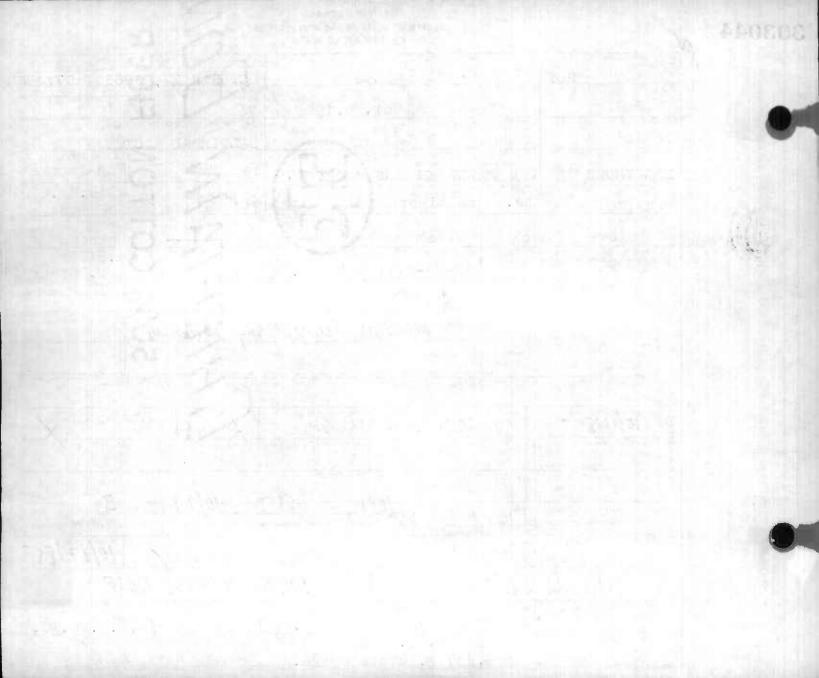
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District of the Account of the Pacific of the Control of the	TENDING PHYSICIAN, The law requires that the death certificate be rest (LEL) and A hours with an extending physician.	CO. Allen this sections have been discussed by the estimations absorbed and the section of the section in the
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2	TENDING PHYSICIAN, The	1
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DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ď	REGISTRAR				CEKITE	ICATE OF DEATH	REG.	NO.		
T	DECEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
ı	(TYPE OR PRINT)	ROY		N.	WELS	SH	OCTOBER	27	1985	07.40M
3	SEX		RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
L	Male		Whit	e	Oct	.29,1908 TEAR	76	YRS	MONTHS DAYS	HOURS MIN.
T	a. BIRTHPLACE (STATE C	R FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	TY OF DEATH	
7	Louisiana	-1	USA		WIDOWE		BALTIMO	RE	СТТҮ	MD.
7	BALTIMORE	/	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	HOSPITAL	120 USUAL OCCUPA PRESSMAN	TION TOF WORKING	LIFE) 126 KIND (INDUSTRY SUN	
31	Usual RESIDENCE (# NO 130 STATE Mary land	es one or count Ba	TY.	Baltimo	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
L	4. FATHER'S NAME		AIDDLE	LAST	- 1	15 MOTHER'S MAIDEN NA				
ľ	Steve		ack	Welsh		Bamma	WIODIE			
T	60 WAS DECEASED EVE			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADD	RESS		
Ŧ	(YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-03-	2774	Ralph R.Wei	lsh.1718	Kurt		
F	18 CAUSE OF DEA PART I. DEATH	TH :Enter and	v ane cause per	line far (a) (b) an	dicil		2011	2.0.22		
ı	PART I. DEATH		BY. E CAUSE (a)	AS47	019				BETWEEN	ONSET AND DEATH
ı		IMMEDIAII			THIST OF		-	TEN.		
ı	Canditians, if an	which	DUE TO, O	R AS A CONSEQUI	115/15	re PULMON	ARY W	0041		
ı	gave rise to in	nmediate)				1			
1	underlying cau		DUE TO, O	R AS A CONSEOUI	ENCE OF					
ı	PART 2 OTHER SIG	GNIFICANTO	ONDITIONS CO	ON TRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	UNAL DISEASE OR CO	NOITION G	IVEN IN PART 1:	
ı						THE TENNE		110110110	IVE VILVENTI	
1	19a DATE OF OPER 10/U/8 21a. ACCIDENT WAS U	ATION	196 COND			N WAS PERFORMED	20a AUTOPSY?	20b. IF YI	ES, WERE FINDI	NGS USED
ı	≣ 10/4/8	5-	VE	micus	2 AN	WY8n	YEN NOT			
1	21a. ACCIDENT WAS U	NDERLYING	21b. TIME O			21c HOW INJURY OCCUR				
			HOUR A.	M. MONTH DA	AY YEAR					
ľ	OR CONTRIBUTING L		21e PLACE	OF INJURY		211 LOCATION				
ı	WHILE NOT	WHILE	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR	IOWN	COUNTY	STATE
ı	220.1 certify that (al) attended th	e_deceased fram_	101	1 19.85	10/2	7	. 19	that (I) (we) last
I	saw the deced	sed alive an	view the bady	19_	AT, on	d that in (my) (aur) apinian	death occurred an the	date and ho	out and from the	
1	22b. SIGNATURE	Total (dia nat	te 1 1	after death.	(DEGREE			22c, D,AT	SIGNED
Г		MU	12821	1		ATTENDING PHYSICIAN	MEDICAL ST	AFF	10/7	77/85
1	22d PHYSICIAN'S	VAME LIVE OF	PRINT)			22e ADDRESS		1	12	7 (4 3
l	7710	ms	NWE	145		JON!	ns 1969iu	NIK	JOSP	
2	30 BURIAL, CREMATION		23b DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		I 985 O7:40x M IF UNDER 1 YEAR IF UNDER 24 HKS MONTHS DAYS HOURS MIN. RS UNTY OF DEATH CITY MD. 1726 KIND OF BUSINESS OR INDUSTRY Paper'S CODE Balto . Md . 21228 Choice Iane LAST Unknown Md . 21093 PTZ Ave Luthervi RETIMERY ONSET AND OFATH RETIMERY ONSET AND OFATH YES NO IX M 18. PART 1 OR PART 2) COUNTY STATE 19 J., that (I) (we) lost of hour and from the causes stated 272 DATE SIGNED 10 J.	
1	Buria	aT .				aven Mem.Par				
н	14 FUNERAL DIRECTOR			Balton	d.212	250 DAT	E REC'D. BY REGISTRA	R 25h REGIS	STRAR'S SIGNAT	TURE
	McCully F	unera	l Home	,237 E.	Patar	osco Ave OCT	5 8 108E	1	HARLY A	17



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ld b

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

	STA	TE OF M	ARYL	AND	
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 282056 DECEASED NAME LAST 20 DATE OF DEATH 26 HOUR TYPE OR PRINTS 320 85 10 M. CLARENCE Werneth 4 RACE 5. DATE UF BIRTH IF UNDER I YEAR 6. AGE LIN YEARS LAST BIRTHDAY) MONTH DAY Male White Jan. 1916 . BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED Md. BALTIMORE WIDOWED ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY UNION MEMORIAL HOSPITAL Ret. Chemist-Both. Steel Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Baltimore 1401 Limit Avenue 21239 YES T NO T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Werneth 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES GIVE WAR OR DATES) 220-12-987 Mrs. Ruby Sokalowski Same 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY arrest respiratory 80 Minutes IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF anoxic brain damage Conditions, if ony, which gove rise to immediate couse to , stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost SUNSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Coronary artery disease 1910 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY TIE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER NOTIFY MEDICAL EXAMINER P.M 19 214 INJURY OCCURRED 21L LOCATION 21e PLACE OF INJURY

AT HOME STREET FACTORY OFFICE FARM, ETC I CITY OF TOWN COUNTY WHILE NOT WHILE 220 | certify that (1) (bis hospital) arended the deceased from.

1015 saw the deceased alive an 1015
above (1) we) (aid a (did not) view the body after death , and that if (my (our) apinion death accurred on the date and have and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING Margnett In Jaughan MEDICAL Mh PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME STYPE OR PRINTE 22e ADDRESS

MARGARET M. VAUGHN UNION MEMORIAL HOSPITAL

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial Oct.9. 1985 Cedar Hill

Brooklyn Anne Arundel 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

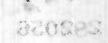
Leonard J. Ruck Inc. Baltimore, Maryland

23b DATE

23d LOCATION

me haydoon-pandelle

STATE



June 101, 1016 _ 1040 of the state of th | Merio: | Oct. 0, 1083 | Conar Hill The fallers were exclared

Loonwell. Inch Inc. In bishows, Maryland.

STATE OF MARYLAND

				T P	EG. NO.		
DECEASED NAME FIRST	MIDDLE	LAST	201-201-2011	20 DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
MERRILL	ATWOOD	WEST		10	12	1985	8100 PM
SEX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
MALE	BLACK	4 A	9 1929	56	YR		HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X N	EVER MARRIED	9 BALTIMORE	CITY OR COU	NTY OF DEATH	- 11/1/19
MARYLAND	U.S.A.	WIDOWED [DIVORCED	BALTIMO	RE CIT	Υ	MD
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R INSTITUTION	12a. USUAL OCC			F BUSINESS OR
BALTIMORE	3112 HOWARD P	ARK AVENU		EDUCAT		DEPT	MORE COL
UAL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		SIDE CITY LIMITS?	13e.STREET ADD	RESS / ZIP CO	ODE	
MARYLAND	BALTIM	ORE YES	() NO []			PARK AVEN	UE. 21
ATHER'S NAME FIRST	MIDDLE LAST	15 MO	THER'S MAIDEN NA	ME	DDLF	1.0	
	RENZIE WES	т ,	JULIA	M	DOLE	PARKE	R
WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	URITY NO. 17 INF	ORMANT		ADDRESS		
	REAN 218-20-	4063 J	COUELINE	A. WEST.	3112	HOWARD PA	RK AVEN
CAUSE OF DEATH (Enter on	nly one couse per line for (o), (b), or						MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUSE	TE CAUSE (o) YY 40CW	rdial 2	- Enction			50	den
1.0		42					
Conditions, if ony, which	DUE TO, OR AS A CONSEOU	Transland				3	رعدان
gove rise to immediate) (8)	A TIME (N)					•
underlying couse lost.	DUE TO, OR AS A CONSEOU	ENCE OF					
DARL 2 OTHER SIGNIFICANT	(c)	DE ATTA BATTA OF DE					
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OF	CONDITION	GIVEN IN PART II	0
190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS	PERFORMED	20a AUTOPSY	? 20b. IF	YES, WERE FINDI	NGS USED
				YES T NO	ON CEI	RTIFYING CAUSES	OF DEATH?
	21b. TIME OF INJURY	21c H0	OW INJURY OCCURE		_		140 🗆
210. ACCIDENT WAS UNDERLYING							
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR					
	HOUR A.M. MONTH D	AY YEAR 19					
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR 19 211 LC	CATION		Y OR TOWN	COUNTY	STATE
OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED NOT WHILE AT WORK	HOUR A.M. MONTH D P.M. 210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.)	AY YEAR 19 211 LC	CATION STREET			COUNTY	
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, itol) ottended the decrosed from 19	AY YEAR 19 211 LC	CATION STREET	Cil	YORTOWN	COUNTY	that (I) (we) lost
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D P.M. 210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I atol) ottended the decrosed from	AY YEAR 19 211 LC	CATION STREET	Cil	YORTOWN	COUNTY	that (I) (we) lost causes stated
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, itol) ottended the decrosed from 19	FARM, ETC.) 211 LC PARM, ETC.) 211 LC DEGREE	CATION STREET 19 22 (my) (my) opinion of	, to	Y OR TOWN the date and	COUNTY, 19 , 19 , hour ond from the	that (I) (we) lost causes stated
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.) 1tol) ottended the decrosed from 1 view the body offer death.	FARM, ETC.) 211 LC	CATION STREET 19 22 (my) (my) opinion of	cited to the control of the control	Y OR TOWN the date and	COUNTY, 19 , 19 , hour ond from the	that (I) (me) lost couses stated SIGNED

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTI

DHMH - 16 60M 7/B4 (VRA 15, 4)

DAVIESGA 10-17-1985

231. NAME OF CEMETERY OR CREMATORY SECURITY PROCESS

MD. 21216

CREMATION 24 FUNULTIER T& SONS FUNERAL HOME, DELINC. 2501 GWYNNS FALLS PARKWAY, BALTO. SS BALTIMORE COUNTY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

OCT 16 1985

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

28 4 6	0	0	8	2
	-	-	1	60.00

	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			
		CEASED NAME FIRST	WIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
-		Nellie	Henry Wh	neatley			0/6/	85	940AM
	3. SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF L	JNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		female	cau.	Fel	o. 28,1903	82	YRS		THOUSE MAIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED X	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
7	N	Maryland	U.S.A	WIDOWE		Baltimor	e Cit	У	MD
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		R OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR
+	Ba	ltimore	Union Memor		spital		retary		5 •
1	13a S	AL RESIDENCE (IF NURSING HOME OF ATTATE 13b COULT	NTY 131 CITY OR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 3939 Rola	ZIP CODE	e.21	211
	14. FA	THER'S NAME			15 MOTHER'S MAIDEN NA	ME			
2	RC	BERT	H. WH	EATLEY	MARY	AGNI	ES	MOC	ORE
	16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	SS		
	N	VAS DECEASED EVER IN U.S. AN	212-0	3-8917	Mrs. Betty	Lee S. Ha	arding		
	-	18 CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b	or, and (c)				APPROXIA BETWEEN C	MATE INTERVAL
			TE CAUSE (0)	0315				Id	ay
			DUE TO, OR AS A CONS	EQUENCE OF .			Net .		
		Canditians, if any, which gave rise to immediate	(16) prel	monia					
		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS	equence of odakins	lymphom	a			ALL STATE
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110	3
	TIO						T		
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	FRE FINDING CAUSES	OF DEATH?
0		OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
	CAL	LIFETHER NOTIFY MEDICAL EXAMINE	R) P.M.	19					
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE FARM ETC)	211 LOCATION STREET	CITY OR TO	γN	COUNTY	STATE
		22a I certify that (I) (this hasp saw the deceased alive or		am Octobe	16 19 85	to Defener			that (1) (e) last
1		obove (I) we did did no	ot view the bady after death.		d that in (my) wurDopinian	death accurred on the do	te and hour or	-	
		Victori	a a. Vane	le m	ATTENDING PHYSICIAN	MEDICAL STAF	MAN	22¢ DATE \$	6 85
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			1	
					Land - Co				

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) burial 10/9/85 24 FUNERAL DIRECTOR Curran Funeral Home

23b. DATE

230. BURIAL, CREMATION, REMOVAL

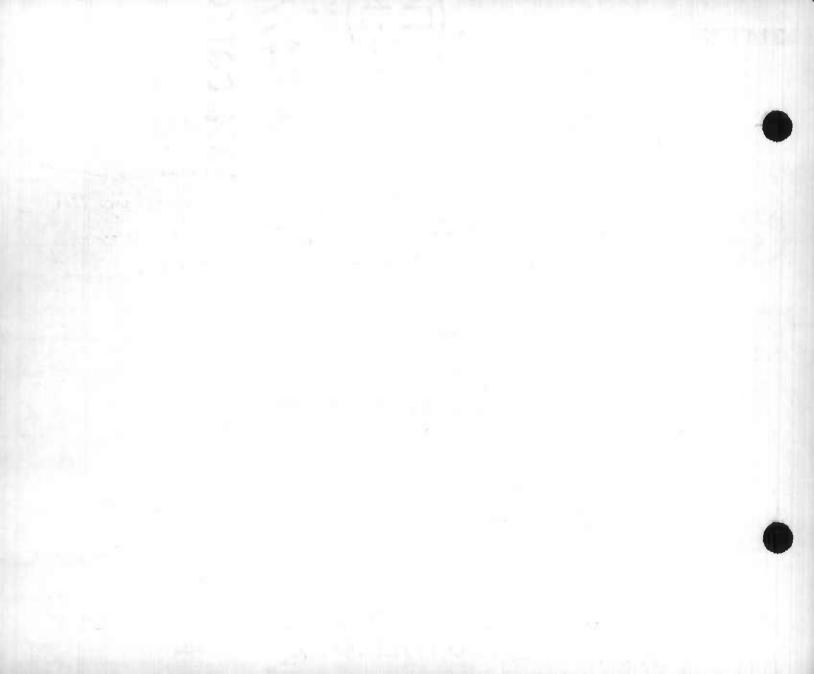
23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cem.

Cambridge, Dorchester, Md. THE DATE REC D. H. TELL TRANSPILL REGISTRAR'S SIGNATURE

308 High St., Cambridge, Md. 21613

DHMH - 16 50M 4/83 (VRA 15, 4) Iver P: Carroll 1007 12 W. No are

250. DATE REC'D BY BEGISTRAR 256 REGISTRAR'S SIGNATURE



- STATE REGISTRAR DECEASED NAME

TYPE OR PRINTS

7a BIRTHPLACE

IN CITY OR TOWN OF DEATH

BALTIMORE

SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

LAST

DATE OF BIRTH MONTH

6

WIDOWER

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BEFORE ADMISSION

more

227-09-6431A

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

2	8	
See	da	

	REG. NO.				
	20 DATE OF DEATH MONTH	DAY	YEAR	25 HOU	R
	OCT.19,1985			14:39	MA.
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	UNDER	24 HRS
,	78 YRS.	MONTHS	DAYS	HOURS	WIN
	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		- 6
	BALTIMORE	CITY			447

JUAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION	GIVE	RESIDENCE BEFORE A
o. STATE	136 COUNTY	13c	CITY OR TOWN
rvland		Ba	altimor

MIDDLE

EIRST

4 RACE

PEARLENA

I STATE OF FOREIGN

13d. INSIDE CITY LIMITS? YES X NO [15 MOTHER'S MAIDEN NAME

Lucenda

DIVORCED

WHITE

YEAR 190

> 13e STREET ADDRESS / ZIP CODE 1224 Appleseed Ct. 21202

Boyd 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR LINKNOWN)

166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS

120 USUAL OCCUPATION

CTYPE OF WORK FOR MOST OF WORKING LIFES

Lendora Willis 1224 Appleseed

17b. KIND OF BUSINESS OR

INDUSTRY

Franklin

no

14 FATHER'S NAME

18 CAUSE OF DEATH (Enter only one cause per line lar (a) (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

JOHNS HOPKINS HOSPITAL

LAST Meton

Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last

190 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a

20o	AUTOPSY?	

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

CITY OR TOWN

YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

710 ACCIDENT WAS UNDERLYING 716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 71e PLACE OF INJURY

19 211 LOCATION

DEGREE

77e. AD

STATE

77s.1 enrify that (I this hospit saw the deceased above (I) (we) (did):

276. SIGNATURE

AT HOME STREET, FACTORY OFFICE, FARM ETC 1

10-24-85 Mt

ATTENDING

ipinian death accurred an the date and haur and from the causes state

77d PHYSICIAN'S NAME

230. BURIAL, CREMATION, REMOVAL

COUNTY

BURIAL 24 FUNERAL DIRECTOR

CERTIFICATION

W.C. MARCH F/H CO.

1101 E. NORTH AVE

Sellans

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

> South_C Gulia bourdon

STATE

(VRA 15, 4)

31. NAME OF CEMETERY OR CREMATORY

250. DATE REC

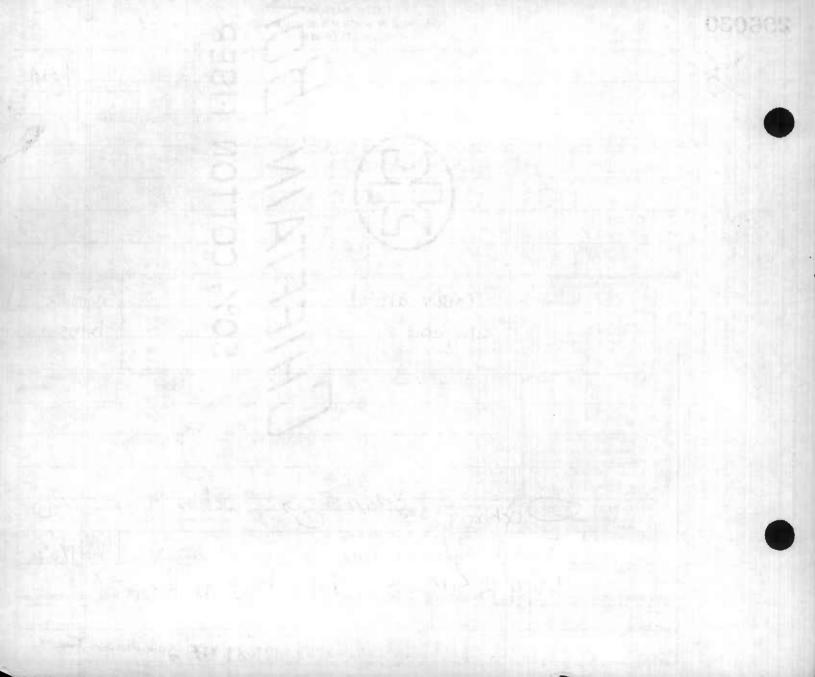
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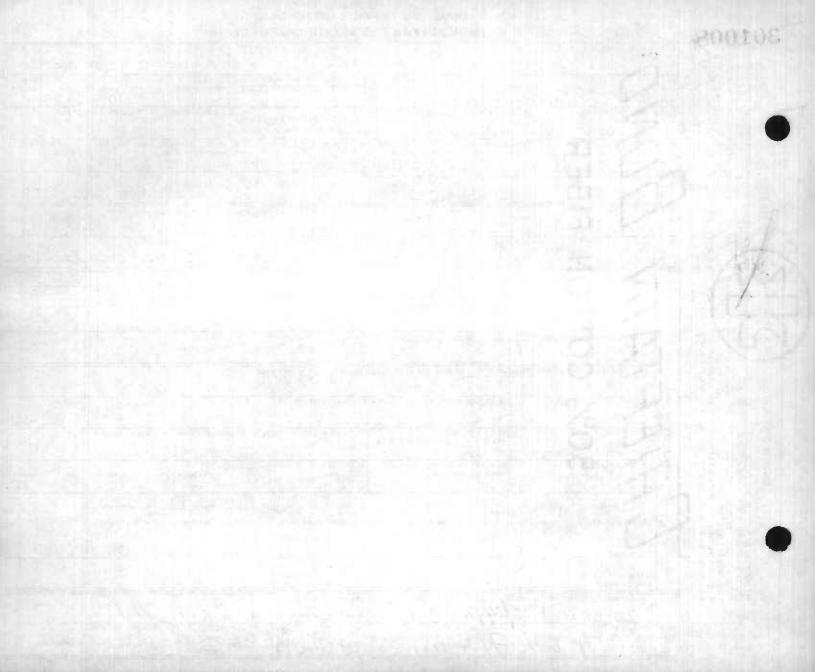
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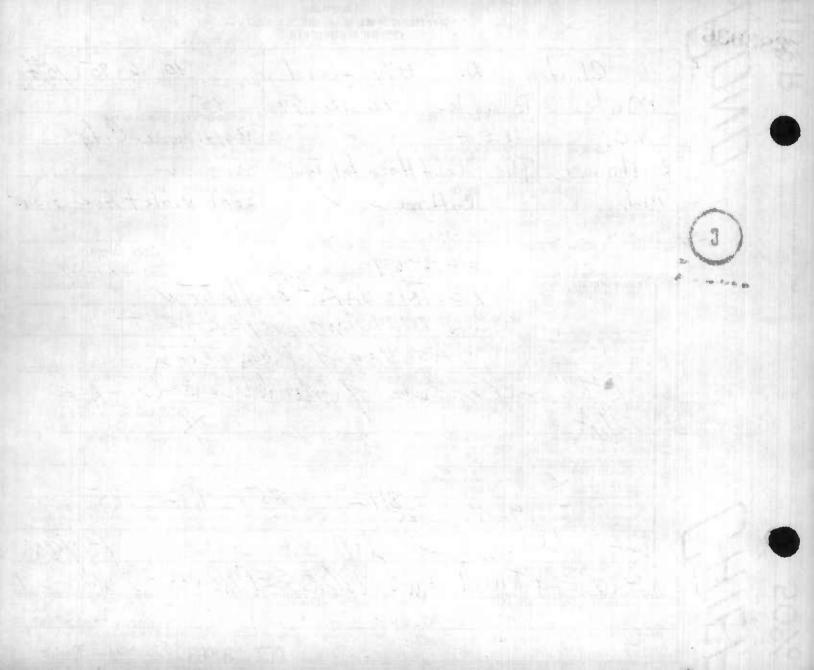
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h /		#	12a, FilmG609	11/5/85ka	STATE OF A	ARYLAND	VOIENIE O S	3 -	6 9	
Just	1000	1 -	STATE REGISTRAR		DICAL EXAMINER'S		F DEATH REG. N	10	A 40	
30	1008	I. DE	CÉASED NAME FIRST		MIDDLE	LAST	20 DATE KNOWN	MONTH	DAY YEAR	26 HOUR
	ASE DR. ES. JRS	[Tree	Edwar	·d		teside	DEATH MATED	X 9	20 1985	м
	ALD DIRECTOR. YOUR FILES. YOUR FILES. STON STREET,	3 SEX	Tale Block	5. DATE OF BIRTH MONTH DAY July 18,	YEAR LAST BIRTHDAY) MONT	DER 1 YR. IF UNDER 2	24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH 10	319 8	5 6:46
	ESTARY, RALDIR POUR HIN 72 RESTON	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WH	AT COUNTRY?	ED NEVER MARRIE	9 BALTIMORE CITY	OR COUNTY		
•	DAN 2 20 1		New York	U.S.A	• WIDOW	ED DIVORCE	□ □ Baltimo	re Cit		MD.
	が高品を		TY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOME, OR OTH		FOR MOST OF WORKING LIFE)	PE OF WORK	OR INDUS	
	西日 N N N N N N N N N N N N N N N N N N N		altimore		Carrollton Ave	nue	Unemployed			
.21201	ENERGY	Ma	aryland COUN	TY	Baltimore		515 Carroll	ton A	ve. 2	1223
11/5	TO SEE	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN	NAME		LAST	-
1	1000000	Wi	lliam VAS DECEASED EVER IN U.S. ARA	AFD FORCES?	ROSS	Inez I7. INFORMANT	ADDRES	N N	hites	ide
	Table /	(A)		WAR OR DATES)	unknown		npton 515 N.		olton	Ave.
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AL RE	HOULD HE WED A USED A OF HEA OF HEAL, C	CATI	196 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERATION W	AS PERFORMED?			20 AUTOPS	Y?
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1/ -00	1.	FOR STATE	DEP		EALTH AND MENTAL HY	GIÈNE D	2 0		
83036		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
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9 3 P/	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a. USUAL OCCUPATA		KIND OF BUSIN	IESS OR
Po o	13	altmone		I Has	Lat Tina	Ret. Minis		Chui	ch
e e e	USU	AL RESIDENCE IN NURSING HOME OR	ROTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION	, 40-1, -110			CHUL	CII
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± 10		nd.	100/4	more	YES NO 15. MOTHER'S MAIDEN NA	12501 VI	OleTI	702 2	12/3
6.1	130	THER'S NAME FIRST	MIDDLE LAST		FIRST	WIDDLE		LAST	
(FEET	L.C.	Charles R. D.	Whitfie		Sarah			Rhem	
()		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	3020°F	anlon Av	venue	
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the rem		couse (a), stoting the	DUE TO, OR AS A COAS	EQUENCE OF	110	1. =			
by bose ol, cr	130	underlying couse lost	(c) / / T	- VA	9191	RATURO	n		
phe plo		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF CONT	OTHOMOGIVEN IN	PART To:	
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tifico Il-froid Tal 18		OR CONTRIBUTING CAUSE OF DEA			The same and the same are same as a same a s	and the same			
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this nd M	MEDICAL	21d. INJURY OCCURRED	71e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	ZIF LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
fter thought		AT WORK AT WORK		01	h 0	r all	7 - (7	
eole S m		220.1 certify that (1) (this hospi	ital) attended the deceased fr	om	19 0.	3 , to	190	, that (I)	(we) lost
21 i		saw the deceased alive on	of) view the body alter death.	19 . 0	nd that in (my) (our) opinion	death occurred on the de	ote and hour and	from the couses s	stoted
DiREC sched Dept. f Hem		27% SIGNATURE /	on view ine body offer deoffi.		DEGREEA		12	20. DATE SIGNED	5 /
4		Att / N	1 m.	10	ATTENDING	MEDICAL STAF		17/1/6	/
Stote	-	221. PHYS CIAN'S NAME (TYPE C	OR PRINTS	-	PHYSICIAN 1	DIRECTOR PHYSIC	IANL	74 0	-
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should be defined by the should be defined by the State of the state o		INUPRE	NININ	MS	CHOUS "	DIMON O	2001	Much	41
F 8 3 5		SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	ťOu	NTV	STATE
3P		Burial	10/11/85	Arbutus	Memorial Par		ltimore.	Marvla	
H - 16 50M 4/83	24 F	WELLE PEC PR Sons F		nc.		TE REC'D. BY REGISTRAR			
VRA 15, 4)	2	501 Cwynne Fall	e Plany Baltin	none Md	21216 00	T 0 400F	Lilia Nois	Jan 70. 1	00



281055

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFICATE OF	DEATH	REG. NO	D.		
		CEASED NAME FIRST	WIDDLE	LAST		O. DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR	-
	(117)	CHARLE	5 Wh	UHITTING		10-1-	- 82	100	M
	3. SE)	10 . A 1 A	4. RACE	5. DATE OF BIRTH	6.	AGE (IN YEARS LAST BIRT		DAYS HOURS MI	N.
١		MAIR	white	8 23	30	55	YRS.		
L		COUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y?	MARRIED -	BALTIMORE CITY O	R COUNTY OF DEA	TH 4	
	10.61	MD	U.S		NORCED [Dalti	nove		MD.
2	D	TY OR OWN OF DEATH	11. NAME OF HOSPITAL, NURS	ADDRESS -	(1	TYPE OF WORK FOR MOST O	FOORKINGLIFE) INDU	~v + 1	OR
-	TISTIZ	A PESIDENCE HE NURSING HOME OR	O THE INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSIONI		Trucke		Jity	_
L		TATE MD D			NO [STREET ADDRESS	Vanover	ST 2122	25
É	IA FA	THER'S NAME FIRST W	MIDDLE Whittin	to Mi	SMAIDEN NAME	M. Be	eche,	LAST	
2		VAS DECEASED EVER IN U.S. AR	F WAR OR DATEST	1 1 . 0 . 1	ANT	ADDRE	ss Balt	to.Md.21	23
Ž,		Yes Yes Kor	ean 2122	.66193	Chart	Julie A	.Hall,39	E.Barr	ey
	NO	Canditians, if any, which gave rise to immediate cause 101, stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF TO OR OR AS A CONSEQUENCE OF TO OR AS A CONSEQUENCE OF TO OR OR AS A CONSEQUENCE OF TO OR	Static (D TO THE TERMINA	AL DISEASE OR CONI	,	RT 1 a	- =
1	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERF	ORMED	200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA		
5	10.750	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ain .	DAY YEAR	NJURY OCCURRED	ENTER NATURE OF INJUR			
2	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E FARM ETC) 211 LOCAT		CITY OR TO	wn COUN	TY STATE	
199		the decayed alive on (Westdid) (did no	t) vigw)the body after death	, and that in (my	ATTENDING PHYSICIAN [] E	th occurred an the do	220.	m the couses stated DATE SIGNED	5
		STEVEN) SDN	300	1 S. N.	anover	- St.	3.MD	
-	23a B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE Oct.5, 1985 G	NAME OF CEMETERY OR	CREMATORY MemPark	23d. LOCATION GlienomBu	rnie A'''	A.Co.Ma"	_

DHMH - 16 60M 7/84

(VRA 15, 4)

14 FUNERAL DIRECTOR
ACCUTTY Funeral Home, 130

23b. DATE Oct.5, 1985

23c NAME OF CEMETERY OR CREMATORY
Glen Haven MemPark

Glen Burnie, A. A. Co. Md.

Balto .Md .21230 250. BAIE REC'D. BY REGISTRAR 255, REGISTRAR'S SIGNATURE 4 1985, Line Landson Andrew

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 297115 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN XI TYPE OR PRINTI ESTI-Lee Whittington DEATH MATED David 1.5EX 4. RACE IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED Male White 10/ 19/0 85 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City, DIVORCED Maruland IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Clarkson St. Nalto .Md. Baltimore Ret.R.R.Worker SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRE Baltimore Clarkson St. Balto.Md arvland ----14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME Erma Brinnager Svlvester 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 217-34-2693 C.Griffin, 1613 Patapsco CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 5 3 SHOULD BE L DEPARTMENT C 1 PRIOR TO BUR 21g. EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 2 If. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN STATE COUNTY WHILE NOT WHILE 220 I certify that I took charge of the remains described above, held an Autopsy ond in my opinion death resulted from: Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 10/20/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cedar Hill Cemetery Burial Balto. A.A.Co.Maryland 07/84 DATE REGID BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR Balto.Md.21230 **DHMH - 17** Funeral (VR A15 ME (5)) Home. 130 E. Fort Ave

STATE OF MARYLAND

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 REG. NO.

		CEASED NAME	FIRST		MIDDLE	l l	A51		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOU	R
	(TYPE	OR PRINT)		T TPAT	Δ		· · · · · · · · · · · · · · · · · · ·	250	OCT.06,1	005		111	2774
	3 SEX	(RACE		5. DATE C	HTTTLE		6 AGE (IN YEARS LAST BIR		F UNDER 1 YEAR	IF UNDER	37AM
- 1	-					MONTH		YEAR	110		ONTHS DATS	HOURS	MIN,
	D	EMALE		WHI	TE	JULI	1 1	1918	61	YRS			
7		RTHPLACE (STATE OR FO	DREIGN 78	CITIZEN OF	WHAT COUN	TRY? 8	D NEVER	A A B D I E D	9. BALTIMORE CITY O	R COUNTY	OF DEATH		
1		PENHI PENHI	1. /	4.5.	A .	WIDOWE		VORCED	BALTIMO	RE CIT	Y		MD.
	H CI	TY OR TOWN OF DEA		1. NAME OF	HOSPITAL, NO	JRSING HOME			120 USUAL OCCUPATI		126 KIND C	F BUSINE	
	B/	ALTIMORE		TOHNS	HODE T	STREET ADDRESS)	TO A T		TYPE OF WORK FOR MOST O	A	INDUSTRY		
		AL RESIDENCE (IF NURSI	HC HOM OR O				IAL		HOUSEWIT	1:	-	1916	100
L	13a S	TATE	13B COUNT		13c CITY OR		13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	9	72	14
1	DD	ELAWARE	5419	SEX	GREE	NUGOD	YES 🗌	NO 🔀	R-Z Box 2	20/4-1	-	442	0
ni.	A FA	THER'S NAME	64.1	DDLE	LAS		15 MOTHER	S MAIDEN NAM	NE MIDDLE		LA!		
10	H	ARRY	MI	DOLE	SWAI	N	EI	MA		4.17.	LAS	ST.	
Ð		VAS DECEASED EVER I		ED FORCES?	166 SOCIAL	SECURITY NO	17 INFORMA		ADDRE R. Z	SS BOX	201 A-1		
21	(st	(ES, NO ON GRANDOWN)	-	WAR OR DATES	222-03	3-4861	THOM	AS Wh.		NWOOD		1995	O
		18 CAUSE OF DEATH	LEnter only	one couse ne	line for to 1 th	ondici)						IMATE INTER	
	0.4	PART I. DEATH WA	AS CAUSED	BY.	13 11	mul man	- V 0-	rest				1	DEATH
			IMMEDIATE	CAUSE (o)	Carro	Jul 1 savorce	7				1 7 70	inte	7
		T. 5. Y. S.		DUE TO, O	R AS A CONS	EQUENCE OF					2	1	
	119	Conditions, if ony, gove rise to imm		(b)_	Sepsis	Samuel					> w	ucs	
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		underlying cause	last	((c)_	Klatsk	in from	v			S. 72	14		
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5	ATI	190 DATE OF OPERAT	ION			HICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		WERE FINDI		
f	CERTIFICATION	4/5/85		161	1 , 0	bstruct	ion		YES NOW	IN CERTIFY YES	ING CAUSES	OF DEAT	
0	ERT	210 ACCIDENT WAS UNDE	FRITING []	216 TIME C		931.00		IJURY OCCURR				140	
1		OR CONTRIBUTING C		110110 4	M. MONTH	DAY YEAR	111.11011	JOHN OCCORR	LE TENTER MATORE OF INJUI	IT IN HEM IS PA	KI TORPARI 2)		
	CA	(IF EITHER NOTIFY MEDIC			M.	19							
	MEDICAL	214 INJURY OCCURR			OF INJURY	FFICE, FARM ETC)	211 LOCATIO		CITY OR TO	wn	COUNTY	5	TATE
	~	AT WORK AT WORK	iE C				1						
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	1	sow the deceased above, (I) (we) (di		1016	- (4 4 4 h	19 85 01	nd that in (my)	(our) opinion d	eoth occurred on the de	ote and hour	ond I om the	couses sto	sted
4	- /	226 SIGNATURE	A L	view the body	offer death.		DEGREE				22c DATE	SIGNED	•
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1	1	220 PHYSICIAN'S NA	ME (TYPE OP I	PRINTI			Tage ADDRES	PHYSICIAN _	DIRECTOR PHYSIC	IAN	1,01	-101	
		01		1			11	11 1	. 11 11	1			
		Steven	1 >	herma	7		John	is Hopke	ns Hosputa	,			
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	B	UK/AL		10/91	85	ST. JOI	nstou	IN Caneta	WY GREENW	000 5	VISSIEX	DEL	

DHMH - 16 BOM 7/84

(VRA 15, 4)

PALLIAM FLEISCHAUER JR. GREENWOOD, DE

250. DATEREC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

COLERES MARKET END X IN THE RESERVE AND A SECOND RESERVE AN COLLAN SERVERS SERVINGER DE L'ESE PRESENTATE DE L'ESTE PRESENTATION

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST PROBLEM FOR THE PR
1. DECEASED NAME FIRST MIDDLE LAST 120. DATE OF DEATH MONTH DAY YEAR 120. HOURS WE STORE (IN YEARS LAST BIRTHDAY) 15 UNDER 1 YEAR 15 UNDER 1 YEAR 15 UNDER 1 YEAR 15 UNDER 1 YEAR 16 UNDER 1 Y
3. SEX Female 76. BIRTHPLACE ISTATE OF FOREIGN TO COUNTRY) Del. 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NUMBER TOWN TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NOW OF HOSPITAL, OR STREET, ADDRESS) TOURN OF HOSPITAL OR TOWN TOWN OF BUSINESS OF WORKING LIFE INDUSTRY HOUSE WIFE TOWN OF WORK FOR MOST OF WORKING LIFE INDUSTRY TOWN OF WORK FOR MOST OF WORK FOR MOST OF WORKING LIFE INDUSTRY TOWN OF WORK FOR MOST OF WORK
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76. BIRTHPLACE ISTATE OF FOREIGN TOUNTRY) Del. USA MARRIED NEVER MARRIED Baltimore City OR COUNTY OF DEATH Baltimore City MODOWED DOORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMESSION) 136. INSIDE CITY LIMITS? 136. STATE 136. STATE 137. CITY OR TOWN 136. COUNTY 136. COUNTY 137. CITY OR TOWN 136. CITY OR TOWN 137. CITY OR TOWN 138. STATE 139. STREET ADDRESS OUT STREET ADDRES
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Diddison neten
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
no 215-44-0710 Richard Wienhold 60 Wiltshire Rd. 21221
18 CAUSE OF DEATH (Enter only one couse per line for (D), (b), and (C). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardio - pulmonary Arrest IMMEDIATE CAUSE (o) Cardio - pulmonary Arrest
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio - prul worn any Arrest DUE TO, OR AS A CONSEQUENCE OF
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (16) Poorly differentiated me tastatic (AC)
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
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216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
716. ACCIDENT WAS UNDERSTRING TO COURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH OPEN. OR CONTRIBUTING CAUSE OF DEATH OPEN. P.M. 19
10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION COUNTRY STATE CAUSE OF DEATH OR COUNTRY STATE CAUSE OF DEATH OR CAUSE OF DEATH OR COUNTRY STATE CAUSE OF DEATH OR CAUSE OF DEA
220 certify that (I) (this haspital) attended the deceased from 10/2 19 55, to 10/2 19 55, that (I) (we)
sow the deceased alive on 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (well) (did) (did) (did) not view the body after death.
276 SIGNATURE 276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA
224. PHYSICIAN'S NAME (TYPE OR PRINT) PO O STERN 226. ADDRESS
0 2 0 2 3
(SPECIFI) COUNTY STATE
BP Burial 10/7/85 Holly Hill Cemetery Middle River Balto. Management 1250. DATE RECID. BX RESISTANT SECONDATURE
DHMH - 16 50M 4/82 (VRA 15, 4) 24 FUNERAL DIRECTOR NAME Connelly Funeral Home 300 Mace Ave 21221

The sail and the sail of the s

13e.STREET ADDRESS / ZIP CODE 2716 Miles Avenue Baltimore Md 21211 Mrs. Alice S. Heathco2624 Hamoden Avenue BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and have and from the causes stated 27c. DATE SIGNED STATE 10/16/85 Crestlawn Memorial ParkSykesville, Howard Co. Md Hurgee Henss Funeral Home, P.A. Baltimore 21211 156 DATE REC'D. BY REGISTRAR ma various pandede

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER I YEAR

INDUSTRY

DHMH - 16 50M 4/83 (VRA 15, 4)

- STATE

REGISTRAR

(VRA 15, 4)

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y the I	10 C	ITY OR TOWN OF DEA	(IF NO	T IN SUC	H FACILITY, GIVE	STREET ADDRESS)	edical (12a USUALOCCU (TYPE OF WORK FOR M Housew)	OST OF WORKING	LIFE) INDUSTRY	of BUSINESS OR emaking
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n ond co		WAS DECEASED EVER YES NO OR UNKNOWN) NO	IN U.S. ARMED FOR			SECURITY NO.	Maur:		kinson 92	DDRESS 200 Hin	es Rd.	21234
rcate b hysicio sopers. or, the		18 CAUSE OF DEAT PART I, DEATH W	H (Enter only one co 'AS CAUSED BY:	use per	line for (a), ((b), and (c).)	- Faul				APPRO BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours oftending physician. The this certificate has been signed by the attending physician and completely filled in by so the burial-transit permit. Then please remove carbon papers. Paget Tand 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. The death of the medical examined making the properties of the medical examined making and any angle of the medical examined making and any angle of the medical examined making and any angle of the medical examined making any any and any any angle of the medical examined making any and any any any any any any and any	NO.	Conditions, if any, gave rise to improve (a), stating underlying cause PART 2. OTHER SIGN	which nediate g the DUE	(b) TO, OI (c)	R AS A CON	SEOUENCE OF	T NOT RELATED	TO THE TERM	VINAL DISEASE OR C	ONDITION G	IVEN IN PART	Itas
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DHMH-16 30M 2/80 (VRA 15, 4)	24. F	SSAhw F	. 15	e-m	ADD	401 B	MD 213	250. DAT	E REC'D. BY REGIST	RAR 256, REGI		ATURE

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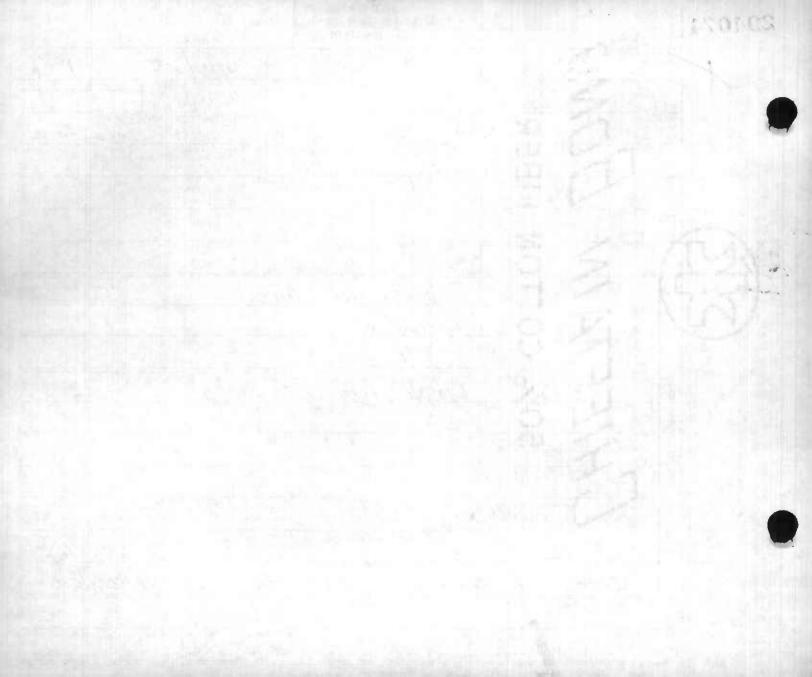
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	1	Item 18a 11/7/	85 mtb F#609 STATE OF MARYLAND	7 0
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CELARY, PLEASE RAL DIRECTOR. OR YOUR FILES. THIN 72 HOURS RESTON STREET.	3. SEX		S DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE	
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BASE 35	FC	MARYLAND	4. S. A WIDOWED DIVORCED Baltimore City	
7489 E	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
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0 25 8 5 5 C	16a V	VAS DECLA DEVER IN U.S. A	ARMED FORCES? IM SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	21217
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NO STORY	MEDICAL	CONTRIBUTING CAUSE O	DE DEATH P.M. 19	
	Să.	21d. INJURY OCCURRED WHILE DOT WHILE	216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CO	UNIY STATE
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CAL EXAMI THE CERTIFI SHOULD SHOULD DIRECT FATH, WITH		ACTUAL	TITLE (SPECIFY) Aggingtont DATE	10/9/85
SHC SHC		SIGNATURE	M.D. Assistant MEDICAL EXAMINER SIGNE	0 10/9/03
TO MEDICAL EXAMENCAL EXAMENCE THE CERT PAGE 4 SHOULD BY AFTER DEATH, WITH BALTIMORE, MARN	-	EXAMINER'S NAME Gre	egory R. Kauffman, M.D. ADDRESS 111 Penn St.	
TO A FITER BALTIE	23a.B	IRIAL, CREMATION, REMOVAL		STATE
07/84 BP	1	URIAL	10-15-83 BALLIMON NAI COM DAITO	1120,
DHMH - 17	24-7	UNERAL DIRECTOR	ADDRESS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
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Wm "C" March F/H Inc. 1101 E North Avenue

DHMH - 16 60M 7/84 (VRA 15, 4)



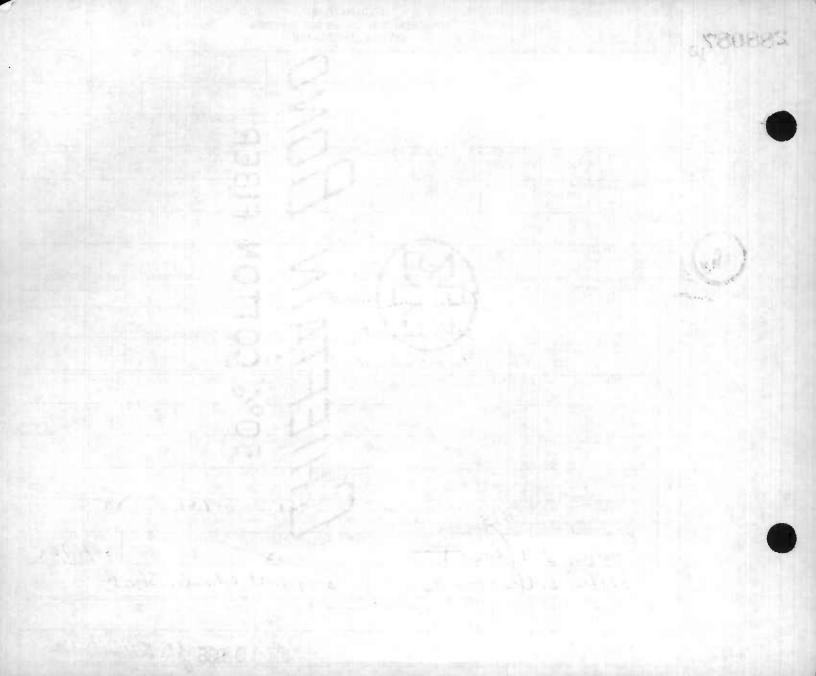
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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moy page	3 SE		4 RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
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er de fui de	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME		12a USUAL OCCUPATION	126 KIND OF BUSINESS OR		
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9 1	P	ouis	Nixo	n	Voyd	WIDDLE	Briscoe		
6 GEST	16a \	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE		17 INFORMANT	ADDRESS			
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by the ERAL ERAL edet det det det det det det det det de		22d PHYSICIAN'S NAME (TYPE	E - Grand		11- ADDDECC	DIRECTOR PHYSICIAN			
the by		Jeffry L	. QUARTNER	/	237.4	N. Charles St	reed.		
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100000000000000000000000000000000000000	230	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23		EMETERY OR CREMATORY	CITY OF TOWN	COUNTY SMIT		

DHMH - 16 60M 7/84 (VRA 15, 4)

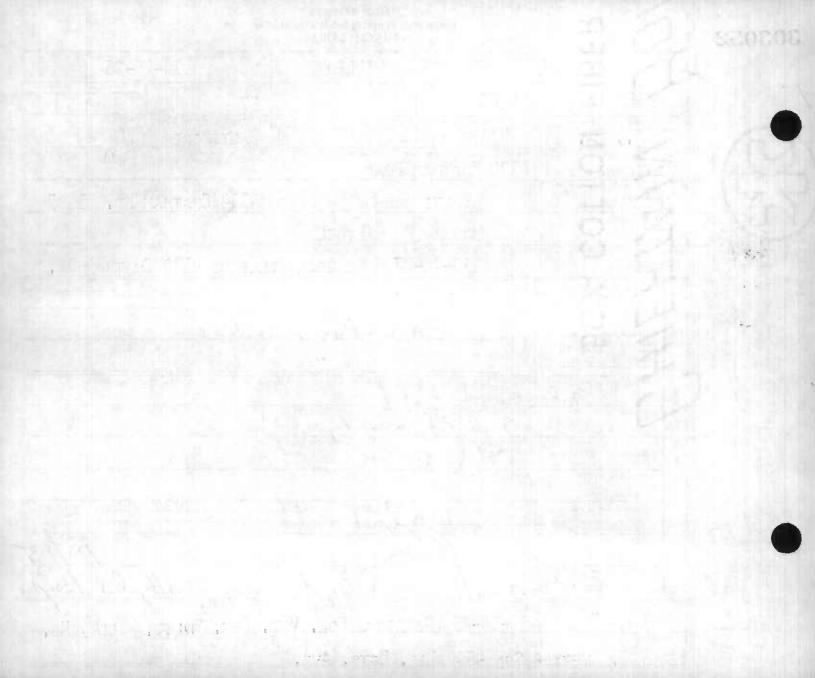
24 FUNERAL DIRECTOR Wm C March F/H Inc.West 4300 Wabash Ave

REGISTRANZSE REGISTRANS SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 OSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by exerging a contending physician. UNERAL DIRECTOR: After this certificate has been signed by the offending physician and

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN® - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 2h HOUR CARL **EMERSON** LYPE OR PRINTS 10-25-85 3. SEX BLACK 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MALE MONTH 1 28 YEAR TO BIRTHPLACE, LISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) ALTIMORE CHATHAM SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE BALTIMORE 136 COUNTY 13d. INSIDE CITY LIMITS? MARYLAND NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE EMERSON JETER ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) 213-20-8780 REBECCA WILLIAMS 4104 CHATHAM RD. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. maniton Cac IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 190 DATE OF OPERATION OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 49L CONDITION FOR - 0 IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene NO YES [NO [710. ACCIDENT WAS UNDERLYING THE TIME CHEINJURY 21c. HOWINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) 8 MONTH HOUR (A.M) DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 10 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21st PLACE OF INJURY 211 LOCATION 0 COUNTY CITY OF TOWN STATE HAT HOME STREET, FACTORY, OFFICE FARM, ETC. orked NOT WHILE AT WORK 220 I certify that (I) (this hospital) attended the deceased/fram that (1) (we) last saw the deceased alive an and that in (my) (aur) opinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did wild not) were the 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME 22e ADDRESS TER OR PRINT ŧ 0 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OF CREMATORY 23b. DATE (SPECIFY) BURLAL BP 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) DYFTT & SON 4600



- STATE REGISTRAR

STATE OF MARYLAND

DEF	CERTIFICATE OF DEATH	REG. NO.		
MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
D.	WILLIAMS	OCTOBER 13,	1985	11:1
E	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Black	MONTH DAY 1919	65 YRS	MONTHS DATS	HOURS MIN.

Ja BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland WIDOWED

4 RACE

BALTIMORE CITY Hospital Work

12h KIND OF BUSINESS OR Hospital

JOHNS HOPKINS HOSPITAL Baltimore 13b. COUNTY Maryland

15 MOTHER'S MAIDEN NAME

Baltimore 606 E. Eager St. 21202 Md.

14 FATHER'S NAME Samue 1

(YES NO OR UNKNOWN)

DECEASED NAME

Female.

10 CITY OR TOWN OF DEATH

BALTIMORE

3 SEX

CORA

LIE YES GIVE WAR OR DATES

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Nelson 16b SOCIAL SECURITY NO

Mary 17 INFORMANT

Calloway ADDRESS

Gwendolyn Bennett 12 Minkler Ct.Md. 21220

BALTIMORE CITY OR COUNTY OF DEATH

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a), stating the

THE JERMINAL DISEASE OR CONDITION GIVEN IN PART Tra

20h. IF YES, WERE FINDINGS USED

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

P.M. 21a. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

THE LOCATION

COUNTY

22a-1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an

underlying cause

and that in (my) (aur) apinion death accurred on the date and haur and fram the cayses stated DEGREE

PHYSICIAN DIRECTOR PHYSICIAN

28a AUTOPSY?

220 DATE SIGNED

22d. PHYSICIAN'S NAME LTYPE OF PRINTS

228 ADDRESSO 00 N.

WOLFE ST. BALTO.

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

22b. SIGNATUR

23b. DATE 10-18-85 23¢. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery

Baltimore

Maryland

24 FUNERAL DIRECTOR Wiltam J. Spicer F/H 1639 N. Broadway St. 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE AND LOCAL PROPERTY OF THE PROPERTY OF

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1 DECEASED NAME (TYPE OR PRINT) AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR 5. DATE OF BIRTH BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 10 CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13 STREET ADDRESS / ZIP CODE 1499 013 FREDERICK AL 13b COUNTY 13t. CITY OR TOWN 13d INSIDE CUTY LIMITS? IS MOTHER'S MAIDEN NAME FATHER'S NAM GERNAIANNA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse lost CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH?

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

STREET

CITY DE 10 WH

STATE

220.1 certify that (I) (this hospital) attended the deceased from

grove (1) (wet) (did) (did not) view the body ofter death

22e ADDRESS

ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN

Th. DATE SIGNED

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

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DHMH - 16 60M 7/B4 (VRA 15, 4)

d b ŧ 00

MPORTANT

MEDICAL

WHILE

3 SEX

FOR

12b. KIND OF BUSINESS OR

26 HOUR

IF UNDER 24 HRS

YES T

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

HOUR A.M. MONTH DAY YEAR

211 LOCATION

STAFF

NO

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

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	W ~	(14)	e OR PRINT) Deral		ī _v 7.i	.lliams	OF ESTI-	10/ 1/ 19 85
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E. F. FOR YOUR FILES. D. WITHIN 72 HOURS W PRESTON STREET.	3. SE.				DER 1 YR. IF UNDER 24		
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	Y CREES		RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARR	IED NEVER MARRIED	BALTIMORE CITY OR C	COUNTY OF DEATH
	SAN		Md	USA	WIDOW			City, ME
	_= // =	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H		IER INSTITUTION	20 USUAL OCCUPATION (TYPE OF	WORK 126 KIND OF BUSINESS OR INDUSTRY
	DELAY TO TH PAG PAG PAG PAG PAG PAG PAG PAG PAG PAG		Baltimore	Provident Hospi			FOR MOST OF WORKING LIFE) Unemployed	OK II DOSIKI
-	_ m = m &		AL RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	DMISSION)	1		21215
2120	S S S S S S S S S S S S S S S S S S S	130.5	TATE 136 COUNT	Baltimor	NN NN	134 INSIDE CITY LIMITS?	3. STREET ADDRESS 2806 Eleanora	21215
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M.	HI SON		FIRST	MIDDLE	ame Cu	FIRST	MIDDLE	LAST
0	30 8 4 9 · ·		James		ams, Sr.	Rebecca 17. INFORMANT	ADDRESS	Dates
N. S.	#5588	100	VAS DECEASED EVER IN U.S. ARA ES. NO. OR UNKNOWN) (IF YES, GIVE Y	MED FORCES? 16b. SOCIAL SEC	LUKIIT NO.	CHIEF CHIEF		
BALTIMORE	3		No			Doris Jett	1524 N. Mount S	treet
	A Mark		18 CAUSE OF DEATH (Enter and	y ane cause per line far (a), (b), and (c	.).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON \$1	建物型		PART I DEATH WAS CAUSED	D BY: E CAUSE (a)	Mult	iple Injuri	es	
OTS	E			DUE TO, OR AS A CONSEQUE				
2	E E E E E E		Canditions, if any, which	(6)				
3	NAME OF STREET		gave rise to immediate cause (a) stating the <u>under</u>	DUE TO, OR AS A CONSEQUE	NCE OF			
201	ESXXXXX		lying cause last.					
	SPARSE SPARSE		PART 2 OTHER SIGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BUT NOT RELATED TO TH	AT TERMINAL DICTAC	COR COMOLITION CHIEF IN A COR		
RECORDS	MAN THE	z	TAKE & OTHER SHOWING CONDITIONS	CONTRIBUTION TO DESTIN SOT ROLL RECAILED TO THE	E TERMINAL DISEAS	E OK CONDITION GIVEN IN PAKI	1 (0).	
SE S	- CEASAN	MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	ORERATIONAL	AC DEDECORATE		
N N	SCHOLTS -	ğ	196 DATE OF OPERATION	146 CONDITION FOR WHICH	OPERATION W	AS PERFORMED?		20 AUTOPSY?
DIVISION OF VITAL	**************************************	t È.						YES NO 💢
0	A TONG A	1 8	UNDERLYING XOR	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c H	OW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 PART	() OR PART 2)
NO	SE S	13	CONTRIBUTING CAUSE OF D			bject preci	pitated from wi	.ndow
VISI	HE DESE	1	21d INJURY OCCURRED	210 PLACE OF INJURY (AT HO STREET, FACTORY, EARM, ETC.)		CATION		THE RESERVE
à	SHOW SHOW	2	WHILE NOT WHILE AT WORK			vident Hosp	oital. Balto. Ci	tv. Md.
	T WAY		THE RESERVE OF THE PARTY OF THE	canopy roof				
	第259 年3			e af the remains described above, held	promote and the second			n my apınıan
	ME BEEN		death resulted fram: Nature	al causes . Accident .	Suicide X	, Hamicide L	Undetermined manner	
	WAN WED CR		ACTUAL	Th		TITLE (SPECIFY)		DAYE
	¥#5¥## —	1	SIGNATURE		M	D. Assistant	MEDICAL EXAMINER	DATE SIGNED 10/2/85
	NO PER S		EXAMINER'S NAME				ADDITION OF THE RESERVE	
	TO MEDICAL EXAMINER PROCURE THE CERTIFICATE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTION AFTER DEATH, WITH THE SHALLIMORE, MARYLAND	1	(TYPE OR PRINT) Gree	gory R. Kauffman,	M.D.	ADDRESS 111	Penn St.	
	DAY DAY	23a B	URIAL CREMATION REMOVAL 2		F CEMETERY O	R CREMATORY	23d. LOCATION	COUNTY STATE
07/84	BP	1	Burial 1	.0/7/85 Eastv	iew Ce	emetery	Baltimore	Md
25M			UNERAL DIRECTOR		74	250. DATE REG	C'D. BY REGISTRAR 25b. REGISTR	
	DHMH - 17 (VR A15 ME (5))	Wi	Miam C. March	F/H Inc West 4300	Wabash	Ave OCT	4 1985 main	wydson-Handelee
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STATE OF MARYLAND

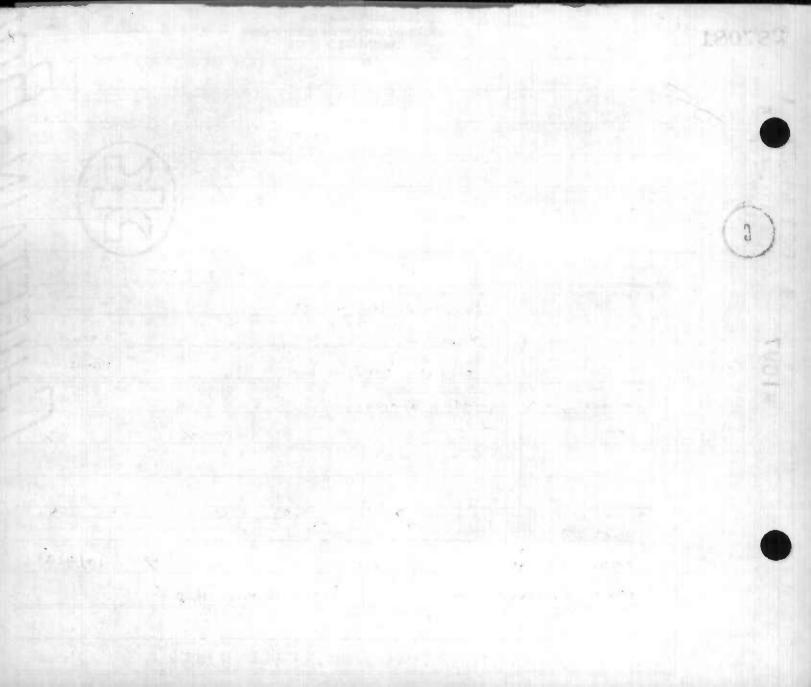
STATE OF MARYLAND

- 4	100	REGISTRAR			CERTIF	ICAIE OF DEATH	REG. N	0.		
1		CEASED NAME FIRST	A	MIDDLE	1	AST		MONTH DAY	Y YEAR	2b HOUR
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L	0	COUNTRY	U.S		MARRIE	D NEVER MARRIED			DEATT	
7		ARYLAND			WIDOWE	DR OTHER INSTITUTION	BALTIMORE (131 KINID C	MD.
2	10 01	IN OR TOWN OF BEATT	LIF NOT IN SUC	H FACILITY, GIVE STRE	EET ADDRESS1		(TYPE OF WORK FOR MOST C		INDUSTRY	OF BUSINESS OR
2	BA	TTMORE A. RESIDENCE (IE NURSING HOME)	THE JOH	NS HOPK.	INS HOS	SPITAL				
2	3o S	STATE 136 COL		13c CITY OR TO		136 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
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	14 FA	ATHER'S NAME EIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	ST
9	UN	KNOWN				GUSSIE			HALL	
ril.		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS		21218
	NC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	218-10)-9938	MARGARET	HARRIS	711 E.	22n	d St.
H	2	18 CAUSE OF DEATH (Enter	only one couse per	line for (a), (b),	ond ici.i				APPROX:	MATE INTERVAL ONSET AND DEATH
4		PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (0)	and The	operato	y anest			Sw	
9		8586								
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		gove rise to immediate couse tot, stating the) 10)	3						
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-1	8		due og us				MAL DISEASE OR CON	DITION GIVEN	LIN PART III	0
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	ž,	-					VEC TO NOTE	IN CERTIFYII	NG CAUSES	OF DEATH?
0	ERT	21g. ACCIDENT WAS UNDERLYING	216 TIME O	FINJURY		21¢ HOW INJURY OCCURR	YES NOTE NOTIFE OF INITIAL	YES YES		ио 🔀
7	(3:572·V)	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	M. MONTH			TENTER MANDRE OF MAND	KT RETIEM TO FAKT	1007 1007 27	
-	MEDICAL	21d INJURY OCCURRED	P./		19	711 LOCATION				
2	ME	NOT WHILE		EET, FACTORY, OFFIC	E FARM, ETC 1	STREET	CITY OR 10	WN	COUNTY	STATE
6		AT WORK		14	0.75	7 10 65	1 0g 7		5.45	4
9		220.1 certify that (this has	pital) affended the	deceased from	85	nd that in (my) our) opinion a			83	that (D(we) lost
1		sow the deceased alive of above (D) well did) did in 226 SIGNATURE	not) view the body	ofter death.			deom occorred on me d	sie ona nour a	_	
		Day Do	0			DEGREE	MEDICAL STA	FF .	22c. DATE	
4	0	22d. PHYSICIAN'S NAME (TYPE	The		W	PHYSICIAN [DIRECTOR PHYSIC	IAN	101	7185
			0			22e ADDRESS		10 A		
-		maura m	rivos	mo			pleas thop	40		
	- 21	SURIAL, CREMATION, REMOVA	L 23b. DATE	23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE
	-	RIAL	10-10-	-85 7	ARBUTU	JS	ARBUTUS		100	RYLAND
		NERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR	200 mg 200		
	W.	C.MARCH F/H	co. 13	LO1 E.	NORTH	AVE. UU	9 1985	Julia Das	udsin-1	fondelle

W.C.MARCH F/H CO. 1101 E. NORTH AVE.

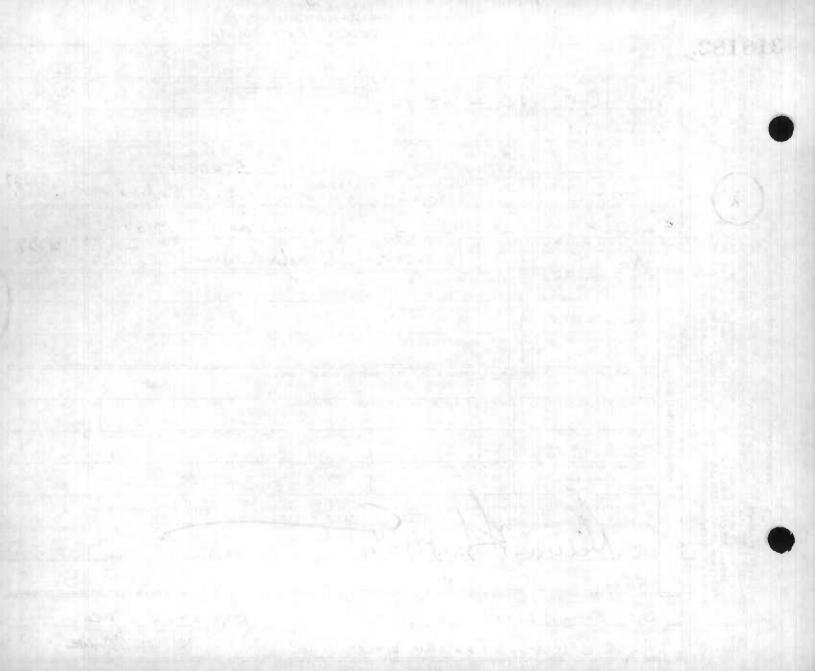
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

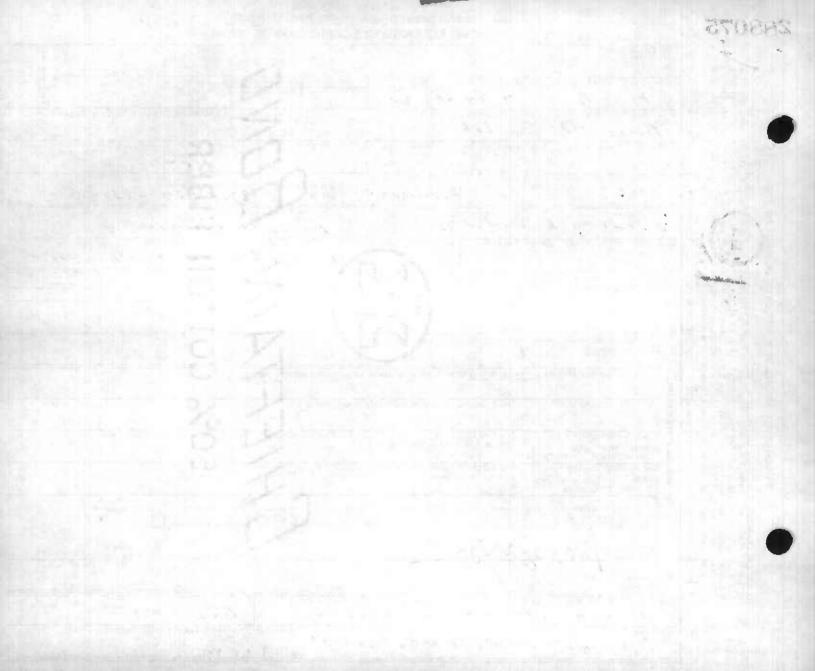


2900)31	1	FOR STATE REGISTRAR	DEPA	RTMENT OF HI	EALTH AND MENTAL HYG CATE OF DEATH	REG. NO	· , O /
0	poge 3		ECEASED NAME FIRST ELN	ORA	WILLI	AMS	OCTOBER 10, 1985	y YEAR 26. HOUR 3:10 am
moy	er de	3 S	EX	4 RACE	5. DATE O	FBIRTH	6. AGE (IN YEARS LAST BIRTHOAY) IF	UNDER 1 YEAR IF UNDER 24 HRS
4 4	n offi		EMALE	BLACK	JAN	77 7000	85 YRS	NIHS DAYS HOURS MIN.
eg.	2 hours	20	SIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY O	F DEATH
100	题 32		AMBRIDGE, MD.	USA	WIDOWE	DIVORCED X	BALTIMORE CITY	MD
rs ofter	filed with	1	CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST MARYLAND GENE.	RAL HOS	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
24 hav	and B	130 M	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU ARYLAND	NTY 13c. CITY OR T		13d INSIDE CITY LIMITS? YES X NO 1	130.STREET ADDRESS / ZIP CODE 2826 W.HILLDALI	E AVE 21207
1	1000	14	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WE	LAST
I feeting	\$85800		HAC		WART	MARY	1000000	
TO A	the spec	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRESS	
8	84 4	-	NO			LIARIEAS H	ENDERSON-2826 H	
000	pope pope novol		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b)				BETWEEN ONSET AND DEATH
Z Gerry	r rem		IMMEDIA			and Intravent	ricular bleeding	
e e t	nend on, o		Conditions, if any, which	DUE TO, OR AS A CONSE	QUENCE OF			
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hot	by t ose r ol, cre	1	underlying couse lost.	(c)	QUENCE OF			
ires 1	gned in ple burio ry, or	1.	BART 2 OTHER SIGNISIS AND	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART Ita
2	The to	1 4	PART Z OTHER SIGNIFICANT					
1	9 . 0 -	2	Urinary Tra	ct Infection,	Hyperte	nsion		
The low r	it permit.	RTIFICATIO			Hyperter ICH OPERATION	N WAS PERFORMED	YES NOW YES	WERE FINDINGS USED NG CAUSES OF DEATH?
CIAN: The low r	ol-tronsit permittol Hygiene primital Hygiene primital askows on	AL CERTIFICATION	Urinary Tra	21b TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	N WAS PERFORMED	TN CERTIFY!	NG CAUSES OF DEATH?
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DIVISION OF VITAL XECO. SPITENDING PHYSICIAN: The low or standing physician.	CTOR: After this certificate has by for use as the burioth-transit perm of Health and Mental Hygiene pr. 21 is marked or Item 18 shows on		Urinary Tra 19a DATE OF OPERATION 71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING AT WORK 71d INJURY OCCURRED WHILE AT WORK 72a I certify that by (this hosp sow the deceosed alive or obove, b) (we) (did it did not obove)	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFI	DAY YEAR 19 ICE, FARM, ETC.) m. Octol 9 85. on	216. HOW INJURY OCCUR	YES NOT THE CERTIFY! YES PARED (ENTER NATURE OF INJURY IN 11EM 18 PAR	NG CAUSES OF DEATH? NO 11 LOR PART 2) COUNTY STATE 2 85. that x xwe) lost and from the couses stated
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TO HOSPITAL	UNERAL DIRECTOR, After this certificate has by do be detached for use on the buring-training permitted for use on the buring hard her State Dept. of Health and Mental Hygiene print RTANT. If them 21 is marked or them 18 shows on	MEDICAL	Urinary Tra 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE JIF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. I certify that by (this hosp sow the deceosed alive or obove, by (we) (did in the composition) 27b. SIGNATURE 272 PHTSICIAN SNAME (TYPE)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFI itol) ottended the deceosed fro October 10 Priview the body ofter death.	DAY YEAR 19 ICE, FARM, ETC) IM OCTO 9 85 ONI	216. HOW INJURY OCCUR 216. HOW INJURY OCCUR 216. LOCATION STREET DOCT 3. 19.85 d that in (n) (our) opinion DEGREE ATTENDING PHYSICIAN 226. ADDRESS METERY OR CREMATORY	YES NOW YES RED (ENTER NATURE OF INJURY IN 11EM 18 PAR CITY OR TOWN . to October 10, 19 deoth occurred on the date and hour of MEDICAL STAFF DIRECTOR PHYSICIAN 73d LOCATION	NG CAUSES OF DEATH? NO 11 LOR PART 2) COUNTY STATE 2 85. that x xwe) lost and from the couses stated
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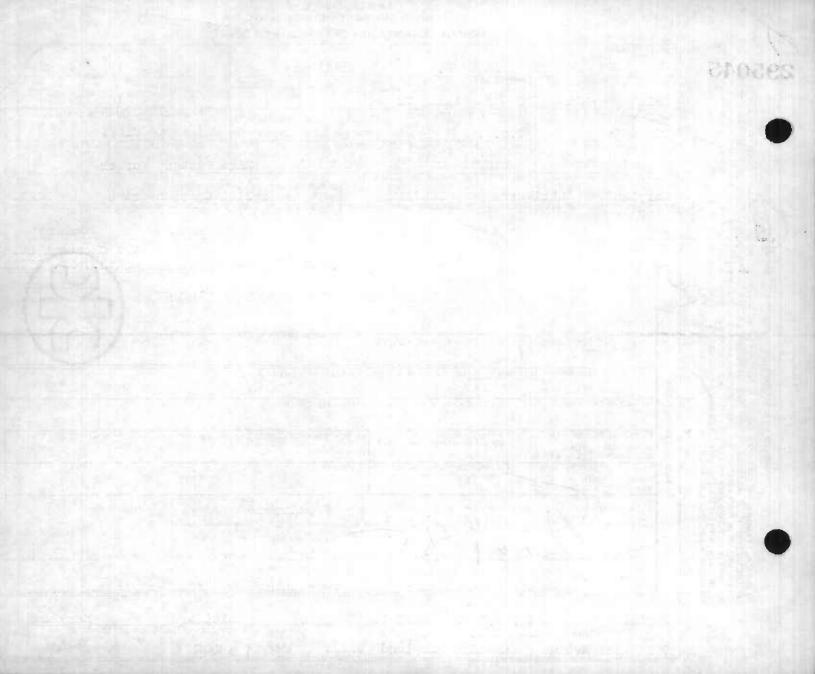
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN KX MONTH (TYPE OR PRINT) ESTI-DEATH MATED Williams 10-28 Ernest 4 RACE S. DATE OF BIRTH IE LINDER 24 HRS 2d HOUR DATE 10:10 PRONOUNCED 1.85 DEAD 10 - 28P BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City, WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS Baltimore University Hospital - STU TUDENS 13d INSIDE CITY LIMITS? 13e. STREET ADDRE 14. FATHER'S NAME 16b. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot Wound of Head (handoun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO [71a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 3:28P.M. 10-28 subject was shot 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) 209 Third Ave., Lansdowne, Balto. Co., Md. WHILE AT WORK House Abupsy XX 220. I certify that I took charge of the remains sescribed above, held as Inspection Inquiry Suicide TITLE (SPECIFY) Assistant MEDICAL EXAMINER 10-29-85 EXAMINER'S NAME Dennis F. Smyth 111 Penn St., Balto., Md. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))



OOME	LI	ems 18-22	2a 11/7	/85 mtb	DEPART	MENT OF		AARYLAN		GIENE		2	8		3 4	
8075		STATE REGISTRAR		MEI	DICAL	EXAMI		CERTIFIC		DEAT	H	REG.	NO.			
1		CEASED NAME	FIRST		MIDDLE			LAST		20		KNOWN	M	ONTH DA	AY YEAR	26 HOUR
DIRECTOR. OUR FILES. V72 HOURS ON STREET,	(167)		EVERLE	EN			WI	LLIAMS	S		OF DEATH	MATED	X	10	6 1985	N
3.50	3. SE			5. DATE OF BIRTH	YEAR	6. AGE (IN Y			IF UNDER 2		DATE	CED	MO	ONTH D	AY YEAR	2d HOUR
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C	7a B	RTHPLACE (STATE O		76. CITIZEN OF WE	HAT COU	NTRY?	8. MARR	IED NEV	VER MARRIE	D 4 9	BALTIM	ORE CITY	OR CO	OUNTYO	F DEATH	
	1	Bacro.	MI	431	q.		WIDOV	VED 🗆	DIVORCE			timor			-	MD
7		ity or town of d altimore	EATH	11. NAME OF HOS (IF NOT IN SUCH FA 3318 Edm	CILITY, GIVE	STREET ADDRESS		IER INSTITUT	TION	FOR MOS	ST OF WORK				OR INDUST	
1	USU/ 130 S	TATE O	13b. COUNT	OTHER INSTITUTION GE	VE DESIDENC		NON	13d INSIDE CI	ITY LIMITS?	13e STREET	T ADDRE	SS n	is no 1	BSWA	VAVU	,
		ATHER'S NAME PIRST NO PA	1 1	WIDDLE *	1 MA	LAST		15. MOTHE	ER'S MAIDEN	NAME	441	IDDIS	11-		LAST	2129
0			1	w,,,,,,	13			17 INFORM	dya	14/6	s pa.	ADDRE				0.3
		WAS DECEASED EVE	(IF YES, GIVE W		16b. SC	CIAL SECURI	IT NO.		1ga A	Blor.	awb			500	12 5 M 10 10 20	en
	1	Canditians, if	IMMEDIATE any, which	E CAUSE (a)	Non-	o), and (c).) -SPECIT NSEQUENCE		ocard	itis					8	BETWEEN ONSE	E INTERVAL
	N	cause (a) stati lying cause la	ng the <u>under</u>	<		NSEQUENCE		E OR CONDITION	N GIVEN IN PART	1 1 (a)	- 2)					
72	d ₹	190. DATE OF OPE	RATION	19b. CONDI	TION FOR	WHICH OPE	RATION W	AS PERFOR	MED?		5.0			2	0 AUTOPSY	?
	IFIC	Marie Care													YES 🔽	NO 🗆
-	ICAL CERTIFICATION	210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH P.M	L MONTH	H DAY YEA	AR		OCCURRED	LENTER NAT	TURE OF INJ	URY IN ITEM	18 PART 1	OR PART 2)	- A	
	MEDICAL	21d INJURY OCCU WHILE NO AT WORK AT	T WHILE WORK	21e PLACE (STREET		c	CITY OR TOV	WN		COUNTY		STATE
		220. I certify the death resulted for ACTUAL SIGNATURE		e of the remains des	Accident		Autap vicide	Hamic TITLE (S		Undetern	Inquiry mined ma	inner],	my apiniai	10-7-8	85
4	1	EXAMINER'S NAM (TYPE OR PRINT)	E Ann M	. Dikon,	M.D.			ADDRESS1	11 Per			alto.	. , P	4D 2	21201	
	23e.B	URIAL, CREMATION	REMOVAL 23	b. DATE 1 - 1 2 - 4	23c.	MAME OF C			ORY	23d. LOCA	ATION TOWN	v v	np	COUNTY	S	TATE
	24. F	UNERAL DIRECTOR	ned M.	Sayer DOCKS	3 × 1	16,1	47 0 4	1 5+	250. DATE RE	4 O					NATURE .	



a replanie		OR				DEPART	MENT OF	IE OF M	ANDM	NU Ental Li	VOIEN	E	5	2	0	4	. 1	
1	1-5	STATE REGISTRAR			M		EXAMIN				-	-	dia.	0		-	'og	
71		EASED NAME	FIRS	ST ST	- 111	MIDDLE	ENAMIN	LK J C	LAST	CAILO		20 DATE	REG.		ONTH	DAY Y	EAR I	2b HOUR
COLOAL	[TYPE	OR PRINT)	Jose	anh		TT		7,75	lliam			OF	F211					ZU TIOOK
295045	3. SEX		4 RACE	-	DATE OF BIRT	н.	6. AGE (IN YEA			IF UNDER	24 HRS	2c. DATE			10 INTH	129 DAY	85 YEAR	2d HOUR
22 E S S S S S S S S S S S S S S S S S S		1 -	rett. dan a		MONTH DA		LAST BIRTHDA	Y) MONTH	S DAYS	HOURS	MIN	PRONOU	NCED		10	10	- 1	4:32 p M
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日本公司 人	FOR	EIGN COUNTRY)				WIAI COU!	TKI:			VER MARRI	ED 🔲			*******		OF DEA	107	
ZŽ 6 Z		rginia	OF DEATH	1	U.S.A.	OSPITAL NIL	PSING HOME	WIDOW		DIVORCI		Balt	PATION	5 (1	Ly,	KIND (OF BLIS	MD
PEREN /		Balti		1	THE NIGHT IN STREET	LEACHITY CIVE C	TREET ADDRESS									OR IN	DUSTRY	114233
35 × 80 -	USITA	LRESIDENCE		1	TLANC.		tt Key		Cal C	enter	Wir	e Fac	tory	WOI	:ker			
2963000	13a. ST	ATE	1130 183	YTHUC		13c. CITY	ORTOWN	,NI				EET ADDR					0.	1000
A A S C S		ryland	1,15,000	ltin	iore	Du	ndalk		YES 🗌		1	1 Cam	eron	Dri	.ve		2.	1222
第一系 CE 2	11	THER'S NAME FIRST			MIDDLE		LAST		15 MOTHE	R'S MAIDE	N NAME		AIDDLE			LAST		
A SA SE SE L		ames	aut.		В		lliams		Anr		7-0	t .a.c				Wood	lard	
A SAN A	YE YE	'AS DECEASED S, NO, OR UNKNO	WH) (IF YES,	GIVE WA	D FORCES?	166 500	IAL SECURITY	NO.	17 INFORA	MANI			ADDRE	25	2 C	hest	nut	St.
JRE AFTER WITH SOFT PAGES DIVISION	No						-12-035	51	Isra	elle	Cart	er				M	D. 2	21222
		18 CAUSE O	F DEATH (Ente	er anly o	ane cause per l						350		T. S.		4	BETWEEN	ONSET A	NTERVAL
PRESTON ST ITHIN 24 HOL CIL IN ITEM 18 VER ANSIT PERMIG AL HYGIENE, REMOVAL		TARTIBE			CAUSE (a)		ioscler		card	iovas	cula	r dis	ease					
PRESTON ITHIN 24 H CIL IN ITEA NER ALON ANSIT PER ALL HYGIEN REMOVAL					DUE TO,	OR AS A CON	ISEQUENCE C)F							470			
PREST ITHIN ICIL IN INER A INER A INER A INER A INER A INER A INER A INER A INER A INER A INE		gave ris	ns, if any, w to immed	diate	(b)					The St	1111			100				
201 W. PI UTED WITH IN PENCI EXAMINE EXAMINE EXAL- TRAI ON, OR RI		cause (a) lying cau	stating the un	der-	DUE TO,	OR AS A CON	ISEQUENCE C)F										
XECUTE VG. IN I					(c)					6.5							2	
		PART 2 OTHER SH	GNIFICANT CONOIT	TIONS CON	TRIBUTING TO DEA	TH BUT NOT RELA	TEO TO THE TERMI	NAL OISEASE	OR CONDITIO	N GIVEN IN PAI	RT 1 (a)							
TAL RECOR	MEDICAL CERTIFICATION	E SIMP	100	115														
TAL RI POULD WSED, OF HE	3	19a. DATE OF	OPERATION		19b. CON	DITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				711		20 AUTO	OPSY?	
S S S S S S S S S S S S S S S S S S S	E															YES		NO 🔀
O SEEN O	Ü	210 EXTERNA		Ś		OF INJURY	DAY YEAR	21c HC	W INJURY	OCCURRE	D LENTER !	NATURE OF IN	JURY IN ITEM	18 PART	OR PART 2	()		
S SHOOP S	3	CONTRIBUTION	NG CAUSE	OF DE		.M.	19											
VISI 3 St. PRI	(ED	21d. INJURY C	CCURRED		21e PLAC	E OF INJURY ACTORY, FARM, E	[AT HOME,		REET	422		CITY OR TO	MAN		COUNT		14	STATE
PIS (ARE)	2	WHILE AT WORK	AT WHILE	-								CIII OK IC	WN		000141			SIAIC
DIVISION OF VITAL I WNER: THIS CERTIFICATE SHOUL FICATE, WRITING THE WORD"! E FORWARDED TO THE CHIEF FIOR: PAGE 3 SHOULD BE USE THE STATE OF PRIVENT OF H LAND, 21201 PRIÇR TO BÜRLAL					of the remains o	described abo	ve. held on	Autaps	, П.	Inspection	X.	Inquiry		and in	my apini	O.D.	W.	
N S S S S S S S S S S S S S S S S S S S		death resulte	1 00	1.00	causes X./	1 Accident		cide .	Hamid		_	ermined m		7	пу арпп			
SERTING B BARY			XI	1		1121		The state of the s		PECIFY)	Onden	crimined in	anner (_	,				
H. A. H.		ACTUAL SIGNATURE	100	100	rou	1 XI	1.X	AA		g Chi	efuen	ICAL EVAL	AINIEO	0	DATE SIGNED_	10/	13/8	35
SER SER 7					1			,,,,,		9 0111	MED	ICAL EXAM	MINER	,	IGNEU_		13/	
PASSE SERVICE		EXAMINER'S I		Thon	nas D.	Smith,	M.D.		ADDRESS_	111	Penn	St.	В	alto	O.MD			
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGA FIER DEATH, WITH THE STATIR BALTIMORE, MARYLAND, 2120	23a. BU	RIAL, CREMAT					NAME OF CEM			ORY	23d. LC	CATION						
07/84 BP		rial		1	0/15/1	985	Eastvie	ow Co	meter	7.7		ortown 1timo	re		COUNTY	Mar	STAT UT ar	
25M	24 FU	NERAL DIREC	TOR Duda-	- Ruc	k, Inc	•	-up c v 1 c	,,, 00		250. DATE R				GISTRA	AR'S SIGI		y <u></u> cu	
DHMH · 17 (VR A15 ME (5))	79	22 Wis	e Aveni	ue	Dunda	lk, Ma	ryland	212	22	DOT	48	1005	129	2 /50	ridson	- Pane	LEBL	127
	_		~							2713		176 1.				9		



IMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON SE

mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban-pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal etoined by the hospital or attending physician

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other troumotic event, the

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

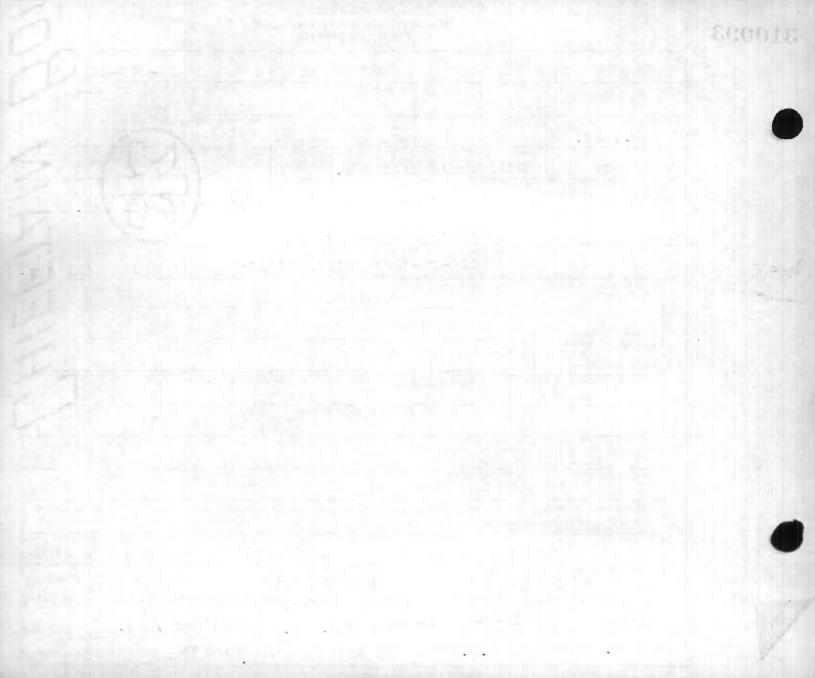
PFG.	NO

1	REGISTRAR		CERTIFICATE	DEATH	REG. NO).	
	DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1	LAI	WRENCE	WILL.	TAMS		10- 28-85	5 M
3.	SEX	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR	
1	Male	Black	8 6	14	71	YRS	HOURS MIN
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED & NEV	B AA A B B IED	9 BALTIMORE CITY OF		
1	Balto., Md.	USA	WIDOWED [DIVORCED	Baltimor	re lity	MD.
200). CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER I	NSTITUTION	12a. USUAL OCCUPATIO	ON IND	OF BUSINESS OR
	Baltimore	2311 Druid			(THE ST WOME TOWNSON S.	TO ANNUAL CONTROL OF THE CONTROL OF	
7 33	SUAL RESIDENCE (IF NURSING HOME OF 136 COU	INTY 13c CITY OR TO	WN 113d INSID	E CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	1217
	Maryland	Baltin	nore YES	NO 🗌		d Hill Av	
14	FATHER'S NAME	MIDDLE LAST	15. MOTH	ER'S MAIDEN NAM	ME	L/	AST
-	John	Willian				Nelson	
16	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G				ADDRE:		
L	no	218-18	-4683 Sal	lie Wil	lliams 231	1 Druid H	
Г	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one cause per line for (a , (b), a	ndice COLLAD	1 16 1	1	APPRO BETWEEN	XIMATE INTERVAL
		ATE CAUSE (a)	Cana	NOIK	ung		
		DUE TO, OR AS A CONSEO	JENCE OF	U	0		
	Canditions, if ony, which	(b)					
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF				
	underlying cause last.	(c)					
1.		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERM	INAL DISEASE OR COND	OITION GIVEN IN PART 1	Ira
3	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING						
	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
					YES NO	YES 🗌	NO 🗌
	00 000000000000000000000000000000000000		DAY YEAR 216 HOV	INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART ?}	
13	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		And the Print		
1	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 21f LOCA	ATION REET	CITY OR TOV	wn COUNTY	STATE
1	WHILE NOT WHILE AT WORK						
1		pital) attended the deceased from	CT	, 19	, to		, that (I) (we) lost
		at) view the body after death.	, and that in (ny) (aur) opinian c	death accurred an the da	te and have and from the	e causes stated
Т	22b. SIGNATURE	- VARRUD 1,	DEGREE	ATTENIONIO	/ MEDICAL STATE		E SIGNED
	Mille	1 HAMLER IN		PHYSICIAN (MEDICAL STAF		0/29/80
	224 PHYSICIAN'S NAME (TYPE	OR PRIMI	22e ADD	RESS	1001-01	04	Astan
	WHYEKK	Opper	198	10 €. NO	14 HERN 1	review 8	allo MD
23	Burial, CREMATION, REMOVA		NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	COUNTY	STATE
	Buria1	11-2-85 A	rbutus Me	m. Pk	Baltimo	re, Md.	
24	ELINEDAL DIDECTOR				REC'D. BY REGISTRAR	756. REGISTRAR'S SIGNA	TURE
1	LEROY O. DYET	TASON F.H. 460	OO LIBERTY	HGTS A	1 VEV 04 19	35 gaher David	doon-Bandell

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.



SECTION. A CENTRAL PARTIES AND COMPANY Market Land Control of the State of the Stat TO A THE RESIDENCE OF THE STATE the text of the same of the section CAST HAVE A TENED TO THE PARTY OF THE SAME SAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	ortal or attending physician.	IOR: After this certificate has been signed by the ottending physicial of committee. The discrete	9 0	Y
	15	He	-	14	000
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
1		CEASED NAME FIRST	MIDDLE		AST		MONTH	DAY YEAR	26 HOUR
	TITPE	ROBER	I Le	e u	LLIAMS	2 5 3	10	5 85	12 35 N
ı	3 SEX		4 RACE	S. DATE C	OF BIRTH YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
		male	black	3	1 1900	85	YRS.	MOINING DATS	HOURS MIN.
120		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D 🔀 NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
		Md	USI	9 WIDOW		Br. Him	ore	City	MC
	10 CI	TY OR TOWN OF DEATH			OR OTHER INSTITUTION	12a USUAL OCCUPATI	ION		F BUSINESS OR
	12	xi Himore	Freene C	Sive Street ADDRESS)	Key Cente	Refined	IF WORKING LI	IFE) INDUSTRY	
į		AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RES	DENCE BEFORE ADMISSION)	/				21217
7	130. 3	MA 136. COUN	Bo	14 inore	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	116:4	Lion A	We .
	14 FA	THER'S NAME	1,000	7.2.7	15. MOTHER'S MAIDEN NA	IME .	2111	1167	
è	SA	Poha +	MIDDLE	1/://in	A PRINT	MIDDLE		Ctions	1
Ē	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SC	CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	STra	rige
į	(1)	(IF YES, GIV	E WAR OR DATES)	2-16-3634	Nochat Ch	- Ko- 4111	1=1,	10-1	1200
			1	2-14 3334	MESTEL VU	Ther IIII	~ 12.	APPROXI	IMATE INTERVAL
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	DNE	MONIA			BETWEEN	ONSET AND DEATH
		IMMEDIA	TE CAUSE (o)	Alex					
		C PH M	DUE TO, OR AS A	CONSEQUENCE OF					
		Conditions, if ony, which gove rise to immediate	1b)						
		cause (a), stating the underlying cause lost	DUE TO, OR AS A	CONSEQUENCE OF					
			(c)						
	Z	PART 2. OTHER SIGNIFICANT	CONTRIBI	OCT O TEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GI	VEN IN PART III	a ·
	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION E	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h IF YF	S, WERE FINDIN	JCS LISED
1	FIC				A TOTAL CHILD		IN CERTI	FYING CAUSES	OF DEATH?
	ERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	PV .	21c. HOW INJURY OCCUR	YES NO		ES _	NO 📗
		OR CONTRIBUTING CAUSE OF DE	4.5	ONTH DAY YEAR	THE THOU WAS DIVIDED BY	TED TENTER NATURE OF INJU	CT IN TIEM 18	PART TORPART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19	211 LOCATION				
i	ME	WHILE IT NOT WHILE IT	21e PLACE OF INJU	ORY, OFFICE FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WORK		*/-	/ 7-7 /27	B -4	,		
		22a 1 certify that (I) this hospi	A I MO	a set		to			that (I) we lost
1		saw the despased alive on abave, (I) (Ve) (did) (did no	it) view the body after de	eoth.	nd that in (my) opinion	death accurred on the de	ate and hou		
		226 SIGNATURE		1	DEGREE ATTENDING	MEDICAL STAI		22c. DATE	SIGNED
		mulie	J. 3000		PHYSICIAN [DIRECTOR PHYSIC	IAN 🔃	10,	17/85
		22d PHYSICIAN'S NAME (TYPE O	0	~ ^	216 ADDRESS				
		MICHAEL S. D.	onnengt	1 12	HANCIS	SCOTT KE	TI	ED CN	TR
		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Burial	10/11/85	Arbutus	Memorial Parl	k Arbutus			Md

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
William C. March F/H Inc West 4300 Wabash Ave

Park Arbutus 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE OCT 10 1085 fisha Davidson-Rond

FOR

DHMH - 16 60M 7/84 (VRA 15, 4)

12h KIND OF BUSINESS OR INDUSTRY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death occurred on the date and have and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN REC'D" BY REGISTRAR 24 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

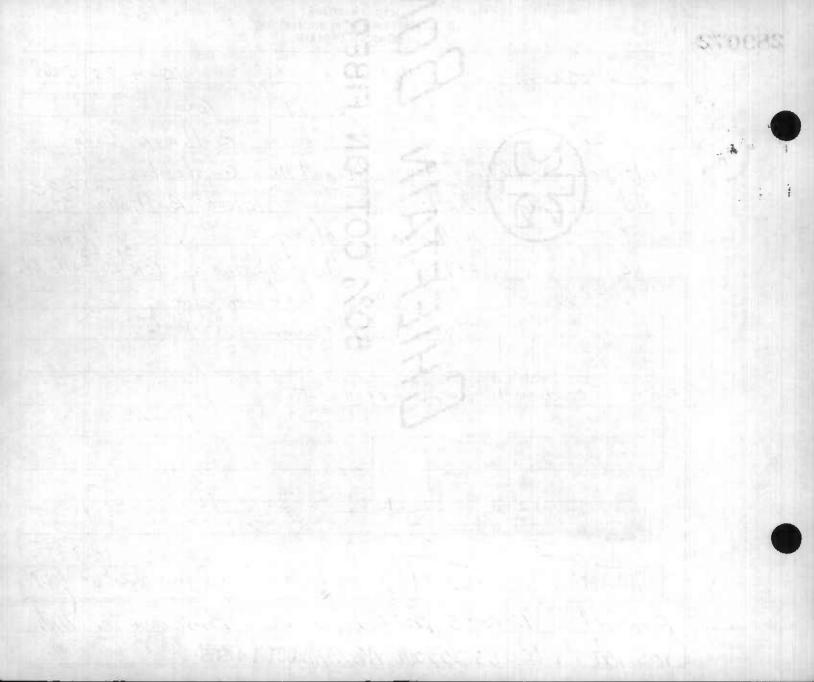
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7b. HOUR

IF UNDER 24 HRS

5

IF LINDER 1 YEAR



1328 SULPHUR SPRING ROAD

DHMH - 16 60M 7/B4

(VRA 15, 4)

(20-03-03

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE REGISTRAR	CERTIFICATE OF DEATH

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62.00	O	1	9

	-	REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	NO				
		CEASED NAME FIRST	M	IDDLE H		AST	20. DATE	E OF DEATH	MONTH	DAY	YEAR	2b HOUR	
	(TYPE	Daisy				Vilson			la	16	85	8:47Am	
	3. SEX		RACE		5. DATE O	OF BIRTH 1889	6. AGE	IN YEARS LAST B	IRTHDAY)	IF UN	IDER I YEAR	IF UNDER 24 HRS	
a.		Female	Wh	ite	MONTH	DAY YEAR		94-	95 _{YRS}	MONTE	HS DAYS	HOURS MIN.	
1	7a. BI	RTHPLACE (STATE OR FOREIGN)	U.S		TRY? 8 MARRIE	D NEVER MARRIED	9 BALTI	MORE CITY	OR COUNT	TYOF	HTASC		
	-				WIDOWE		Balt	imore	City			MD	
8	Ba	altimore	Univ	ersit	y hosessi	OR OTHER INSTITUTION		WORK FOR MOST		LIFE) IN	ZB. KIND O NDUSTRY	F BUSINESS OR	
2	13a 5		Geo.	Hyatt Hyatt	TOWN 11e	134 INSIDECITY LIMITS?		TADDRESS 10-HE	/ ZIP COI	DEON		or Dr.	
11	II, FA	THER'S NAME	er McD	n n n n		15 MOTHER'S MAIDEN I		MIDDLE			1.651	782	
7						Virg	inia		neme			rell	
2		VAS DECEASED EVER IN U.S. ARM (ES NO OR UNKNOWN) (IF YES, GIVE			SECURITY NO. 16-6066	17 INFORMANT	E.Mo	Donal Ivatts				y Rd.,	
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per l	ine for ioi, (b	o, and ic				ATT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		IMMEDIATE CAUSE 10) Sepsis prohible										hours	
		DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if any, which gove rise to immediate									3days		
i		cause (a), stating the underlying cause lost Organic brain syndrome requiring Notabe and folly									yrs		
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Renal in Sufficiency											
1	CERTIFICATION	196 DATE OF OPERATION	19b CONDIT	TION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?						B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO NO			
	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF		DAY YEAR		R NATURE OF INJ			DR PART 21			
1	CAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M	N. MONTH	19								
	MEDICAL	21d INJURY OCCURRED	21e PLACE O		FFICE, FARM, ETC.)	211. LOCATION		CITY OR TO	OWN	(OUNTY	STATE	
	2	AT WORK NOT WHILE	THE STATE	LI TACTORT OF	rice, ranal Lic j								
		220 I certify that (I) (this hospital			C	, , , , , , , ,	85. to_	10-				that (1) (we) last	
		saw the deceased alive on above, (1) (we) (did) (did not	view the body o			nd that in (my) (our) apinio	on death occu	irred on the c	date and ho	our and	from the o	couses stated	
		226. SIGNATURE SUL	Malla	D		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10/16/85						SIGNED	
7	17	22d PHYSICIAN'S NAMI						re Str				7	
		5.11	larshell	MD		Ba	Utrnon						
	230 B	URIAL, CREMATION, REMOVAL	23b. DATE	10		EMETERY OR CREMATORY		OCATION CITY OR TOWN		roi	INITY	STATE	
		Burial	10/21	/85	Ft.Lin	coln Com.	I	Brenty	beer	Pr	.Geo		
	24 FU	NAME NAME Nalley	s F.H.			ai nier,	1"8"4"	MA	SH REG	EIRAB	SIGNAL	notice.	
			Inc		Md	•		U		nined			

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENT - STATE 3080810 CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 28 DATE OF DEATH 2h HOUR LIME CHARNES AGE UNIVEABLUANT ENTHDAYS TE CITIZEN OF WHAT COUNTRY! BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED [1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ITE KIND OF BUSINESS OR (118) DEWORLS IN MOST OF WORKING LET VINDUSTRY KATIREA M INSIDE CITY LIMITST 130.STREET ADDRESS /-ZIP CODE 600 MT KOYAL HUE 21219 4 FATHER'S MAME 15. MOTHER'S MAIDEN NAME 24 WIS MIDDLE BIL WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT YES NO OR UNKNOWN) HE YES GIVE WAR OR DATES! APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for ia), (b) and ic Cardiae arres PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF no tension and brady Condia Canditians, if any, which gave rise to immediate cause (a), stating the James por Gustro intesting 1500 underlying cause last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ducare CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? bleseling Jastine NOF YES | 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) AT WORK 22a I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 2.57.
abave (I) we) (did) (did nat) view the bady after death and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE M.D. 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OF PRINT) -4H151 230 BURIAL EREMATION, REMOVAL 3 NAME OF CEMETERY OR CREMATORY DHMH - 16 60M 7/84 (VRA 15, 4)

WYLAND 21201

DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALL

STATE OF MARYLAND

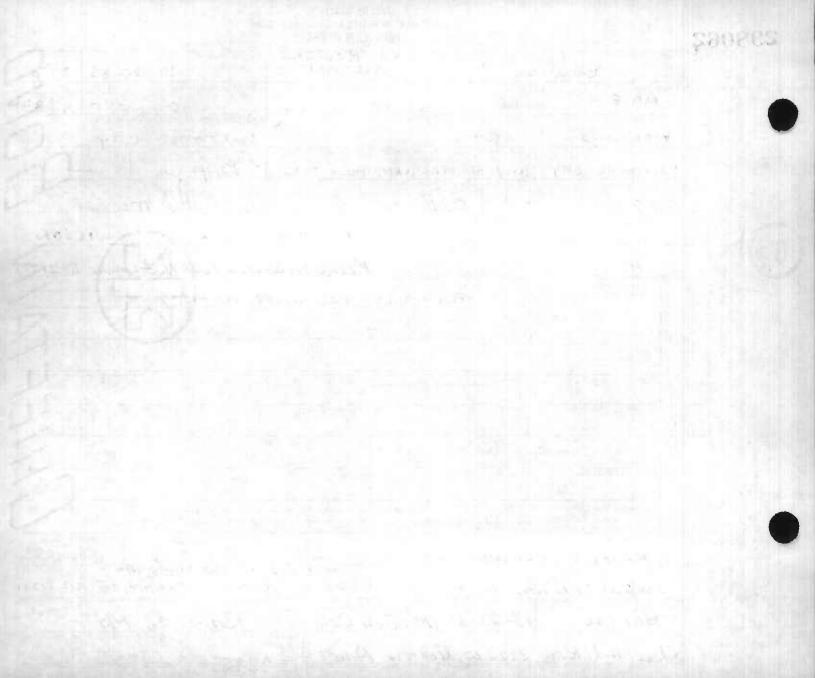
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	0 - 7 0				
	(TYPE	Baby C	pod Holling 1	KAINTROGERS WILSON	20 DATE OF DEATH MON	20 85 312 pm				
	3 SEX	MALE	Bl.	DATE OF BIRTH MONTH DAY YEAR 10 20 85		YRS. CO O 9 33				
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) WARYLAND 10. CITY OR TOWN OF DEATH				MARRIED NEVER MARRIED M	BALTIMORE CITY OR CO	CITY MD.				
X	BA	LTIMORE CITY	UNIV. OF MARYL	AND HOSPITAL	(TYPE OF WORK FOR MOST OF WOR					
1	11	TATE IN COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE ADM Y 13c CIT OR TOWN	13d. INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRESS ZIA	1000 ST 2/2/9				
9			DOLE LAST GENS ED FORCES? ILED SOCIAL SECURITY	ADRIANE	MIDDLEADDRESS	WILSON				
	{ }	ES, NO OR UNKNOWN) (IF YES GIVE Y	None		JILSON 1608 N.	GILMURE ST 21217				
1		PART I, DEATH WAS CAUSED	CAUSE (a) PREVIA	BLE PREMATU	RE INFANT	SETWEEN ONSET AND DEATH				
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENC (b) DUE TO, OR AS A CONSEQUENC (c)	EE OF						
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPI		20a AUTOPSY? 20b	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO				
		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
	MEDICAL	214 INJURY OCCURRED WMILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
		22a.1 certify that (1) (this haspita saw the deceased alive on _ abave, (1) (we) (did) (did nat)	nd haur and fram the causes stated							
		226. DIGREE MARLI B. CHASNOW WD 226. PHYSICIAN'S NAME (TYPE OR PRINT) 226. PHYSICIAN'S NAME (TYPE OR PRINT) 226. ADDRESS CLNIV CF MD HASNOW								
	23a B	refaced Chash	m ms.	001111		Lormone NO 21211				
	4	PLIAL AL NERAL DIRECTOR		ZION CEM	137450 C	EGISTRAR'S SIGNATURE				
			2222 W, NORT		0 2 1005	Louiden Bandose				

DHMH - 16 60M 7/84 (VRA 15, 4)

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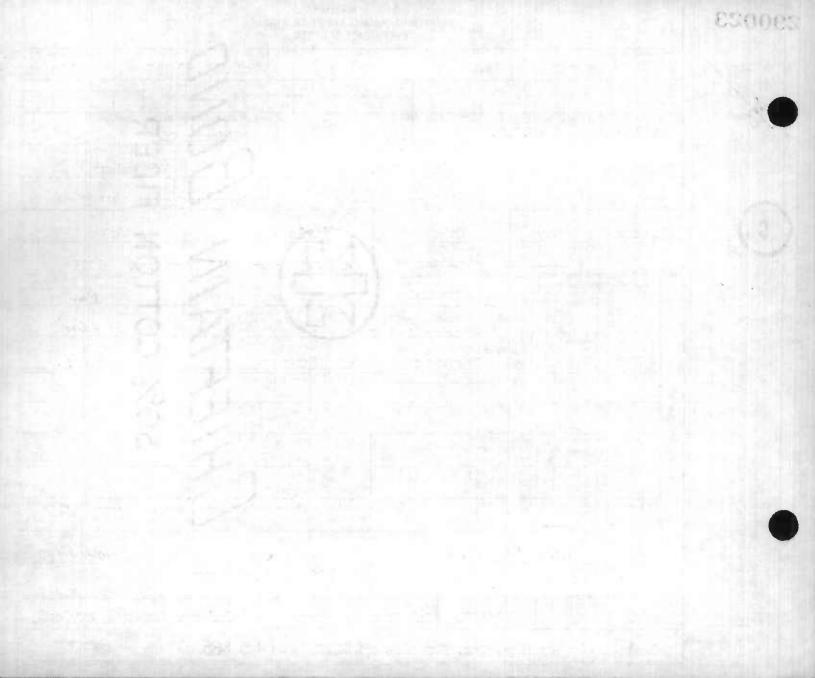
BP.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 304125 CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH DECEASED NAME NELLIE WINDER LTYPE OR PRINTS Godwin IE LINDER 24 HRS 5. DATE OF BIRTH 5-21-0 6. AGE (IN YEARS LAST BIRTHDAY Caucasian 9 BALTIMORE CITY OR COUNTY OF DEATH RTHPL. COUNTRY! Md. TO CITIZEN OF WHAT COUNTRY? NEVER MARRIED MARRIE Balto. City DIVORCED [WIDOWEDE I. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH Clerk USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RE 130 STATE 130. CALINITY SINCE BEFORE ADMISSION Columbia Jor Md. 21045 13d. INSIDE CITY LIMITS? 6150 Foreland Garth Columbia Howard 4 FATHER'S NAME MORNISON 17 INFORMANT Chantilly, ADVRAS WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. HE YES. GIVE WAR OR DATES! Arthur Winder Jr. 3667 Malin Court no 18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) PART I. DEATH WAS CAUSED BY Cardiovascular disease Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE BERMINAL DISE # E OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOE IN CERTIFYING CAUSES OF DEATH? YES [NO T 21a. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH 19 (IF EITHER NOTHY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STREET CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated in wew the bady atter death. 25-SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRES 23a BURIAL CREMATION REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY Balto., Md. Gardens of Faith Burial 10-30-85 Cem. 250 DATE RECED BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNEBALDIRECTOR SCHEMUNEK Funeral Home ADDRING. DHMH - 16 50M 4/83 (VRA 15, 4) 9705 Belair Road, Baltimore, Md. 21236

30 1125 The letter that

0023	1	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
m = /		PECEASED NAME FIRST	MODIE Win	felder	100000000000000000000000000000000000000	DAY YEAR 25 HOUR P.M							
100	-	DOROT	HY Mae Win	5. DATE OF BIRTH	Oct. 12, 1985	IF UNDER 1 YEAR IF UNDER 24 HRS							
		Female	White	July 26, Dal911 YEAR	74	NONTHS DAYS HOURS MIN.							
in 72 less		BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWEDXX DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126. USUAL OCCUPATION 126. KIND OF BUSINES! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker								
by the fur	1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Church Hospital	NG HOME OR OTHER INSTITUTION ADDRESS)									
led in lid be f	5 13	Maryland 136. CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION) 13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / ZIP CODE Streeper Street								
) 35	20		widdle Last uy Oaks	IS MOTHER'S MAIDEN NA FIRST Myrtle	AME MIDDLE ADDRESS	McGee LAST							
Positive e medico		(IF YES. NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES) 219-03-4		sson 2915 Ross Ave								
phy emov event, th		PART I. DEATH WAS CAU	anly ane cause per line for (a), (b), on SED BY: ATE CAUSE (a) Asysto			BETWEEN ONSET AND DEATH							
d by the attending lease remove corb tol, cremation, or r		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	34vs.										
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ter this case the burner ond Me	7	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE							
spitol or CTOR: Af for use o of Health		220 I certify that IIP (this has sow the deceased alive above, (in (we) (shot which	on Oct. 12, 19	Sept. 30 , 19 8 85 , and that in (aw (our) apinion	to Oct . 12 ,	1985_, that (we) last and from the causes stated							
y the hos RAL DIRE detached detached tate Dept.		226 SIGNATURE	220 DATE SIGNED										
retoined by the TO FUNERAL I should be deto with the State I IMPORTANT: If		Jaime Punzalan M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10-14-51 220 ADDRESS N. Broadway											
BP		BURIAL, CREMATION, REMOVE BURIAL		NAME OF CEMETERY OR CREMATORY Lawn Cemetery	Baltimore Cour								
HMH - 16 60M 7/84 (VRA 15, 4)		Walter Brooks Bradley, Inc. Dundalk, MD 21222 UCT 15 1985											



283027	1-	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME	FIRST		MIDDLE		LAST			20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
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6 60	3. SE		14	RACE	1 1 2		ATE OF BI			AGE (IN YEARS LAST BI	RTHDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
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1 11 10	10 C	TY OR TOWN OF DEA	TH 1	1. NAME OF		NURSING HO		THER INSTITU	ITION	12a USUAL OCCUPAT			F BUSINESS OR
1 11 1/0		BALTIMOR		RIDGE	NAY /	4 6		RSING	CENTER	Retin		BAKE	ERY
200	U5U4 13ø. S	AL RESIDENCE (IF NURSI	ISE COUNT	THER INSTITUTION	13c. CITY C	CE BEFORE ADMIS		. INSIDE CITY	LIMITS?	12" STREET ADDRESS		213	229
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	14 FA	ATHER'S NAME FIRST	M	IDDLE	L	AST	15.	MOTHER'S M		E MIDDLE		LAST	
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d de		Canditions, if any, gave rise to imm		(b)									
4 4111		cause (a), stating underlying cause	g the	DUE TO, C	RASACON	NSEQUENCE	OF.						
the state of the s				(c)									
sign sign to bu	Z	PART 2 OTHER SIGN	A PIFICANT CO	RTET					CV	LAL DISEASE OR COM	IDITION GIVE	N IN PART I (o	
rior T	ATE	19a DATE OF OPERAT	ION					AS PERFORM	ED	200 AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED
VISION OF VITAL RECORDS G PHYSICIAN: The low requipated by the physician. er this certificate has been significate has been significate has been significate has been significant for the burial-transit permit. The cond Membel Hygiene prior to liked or them 18 shows any injury high.	CERTIFICATION									YES TO NOT	IN CERTIFY YES	'ING CAUSES (OF DEATH?
VIIA Nysicio cote ronsit Hygie	W W	210, ACCIDENT WAS UND	DERLYING	216. TIME (21	L HOW INJUI	RY OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT 1 OR PART 2)	
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NON See of the see of		22a I certify that (I)	(this hospite	ol) ottended t	e deceased	from 19	83		19	10/0/6	, 1	985.1	that (I) (we) last
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hos hos hed he		226. SIGNATURE		1.11	/		DEG					22c. DATE S	SIGNED
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TO HOSPITA retoined by TO FUNERA should be de with the Stot		NORM,	AN	12. V	LL	(MA	V	3803	ED.	MONDSO	W B	VE.	
D 5 E # 3 ₹		BURIAL, CREMATION,	REMOVAL	236 DATE		230 NAME	OF CEME	TERY OR CRE	MATORY	23d. LOCATION		COUNTY	STATE
BP		Cremat		10-7-						Baltimo			
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR L	oring	Byers	Funer	al Dire	ector	s, Inc	250. DATE	REC'D. BY REGISTRA	1		
(VRA 15, 4)		728 Libert							OC	T BOK	de to	Triidan)	3

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

							REG. NO	Ο.		
	ITYPH	ORPRINE)	RST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DA		26 HOUR
	(1,7,7	CASI	MERA	E.	Wisniew	rski	CONTRACTOR	10 21	0 85	14:25
_	3 SE	х	4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEA	
06	0	Female	Whit	re.	NONE	mber 19,1895	89	500	NIHS: DAY	HOURS M
n.	7a B	RTHPLACE (STATE OF FORE		F WHAT COU	NTRY? 8		9 BALTIMORE CITY O	R COUNTY C	FDEATH	
17		COUNTRY			MARRIE	D NEVER MARRIED				
9-1	10 0	Poland	U.S.A		WIDOW	ED DIVORCED OR OTHER INSTITUTION	Baltimore (121 KIND	OF BUSINESS (
EL//			(IF NOT IN S	SUCH FACILITY, GIVE	E STREET ADDRESS)		TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTR'	
97		Altimore ALRESIDENCE (IF NURSING)			al Hospi	tal	Housewif	е		
	13a	TATE 13b	COUNTY	13c. CITY OF	RIOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
<u> </u>		Maryland		Balt	imore	YES NO	2007 Cres	tview I	Rd.	21239
uiu.	14 F/	ATHER'S NAME FIRST	MIDDLE	LA	12.	15 MOTHER'S MAIDEN N			-4	AST
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0)		VAS DECEASED EVER IN L	J.S. ARMED FORCES		L SECURITY NO.	17 INFORMANT	ADDRE	SS		
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y v	CERTIFICATION	190 DAJE OF OPERATION	1 19b CON	DITION FOR V	VHICH OPERATIO	ON WAS PERFORMED	20g AUTOPSY?	20b. IF YES.	WERE FIND	INGS USED
5	IFIC	9/17/85	Fra	ctur	e (I) h	ip	YES NO	IN CERTIFY I	NG CAUSE	S OF DEATH?
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E /		OR CONTRIBUTING X CAUSE	COI DEMIII		H DAY YEAR	TOIPPEN 1				
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hork		AT WORK AT WORK		ome	N. table	2007 (lestv	empa	etg (Dalto	City M
Is I		22a.1 certify that (1) (this	hospital offended	the deceased		nd that in (m) (our spinion	100000	19	85	, that () (we) I
m 21		sow the deceased a	did not the boo	dy ofter death.			a) th occurred for the do	Yand hour o	nd from th	e couses stated
t the		72h SIGNO-YURA	/			DEGREE ATTEMPING	HEADEN AVALOUS BY	TEDTIGAL EXA	MERDAT	ESIGNED
Z -	_ 1	Hem				MD ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN D	10/2	1/85
¥ /		224 PHYSICIAN'S NAME			,	22e ADDRESS				
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2	23a E	URIAL, CREMATION, REM	OVAL 236. DATE		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		Burial	10-24	4-85	Holy	Rosary	Dunda	lk, Ma	rylan	d STATE
		INERAL DIRECTOR					PRE D BY REGISTRAR			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Leonard J. Ruck, Inc. Baltimore, Md.

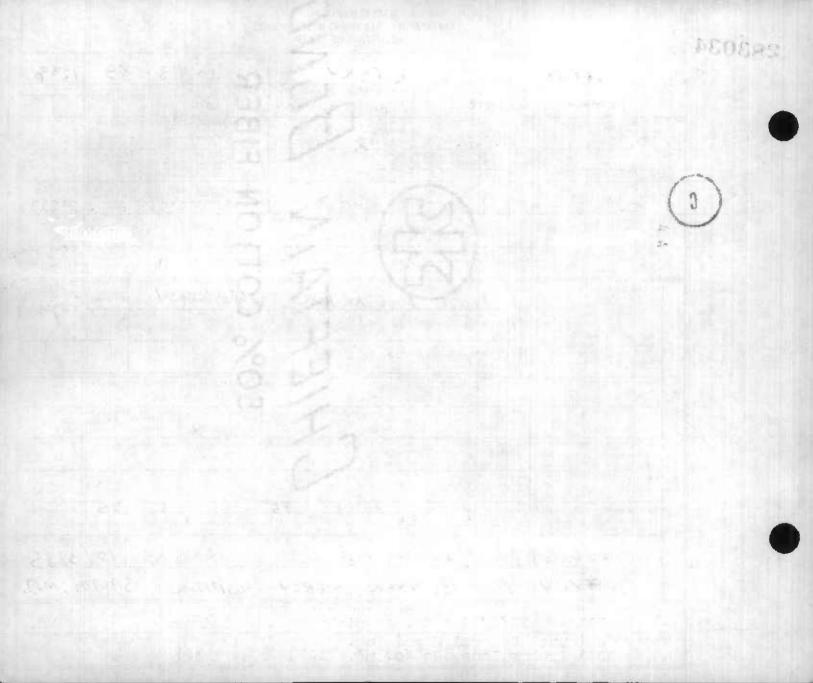
DOTTO 23 1865 25 REGISTRAR'S SIGNATURE

in MUST be filled out. It will not be reproduced on copies) 20. MOTHER'S NAME AND ADDRESS FOR MAILING REGI Patricia Hunter 2830 Baker Stree Baltimore 16, Ma 12 ozs. CESTEL TOVER D Sent Chemical walks and Sent Immodure! i and in . In . I Thomas d. Hade, Inc. | Militarie, Md.

ILAL AND HEALIH USE ONLY - CONFIDENTIAL

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DEPARTMENT	OF	HEAL	HT.	AND	MENTA	L HYGII

34	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	REG. NO			
	DEC	CEASED NAME FIRST	MIDDLE	1	AST .		MONTH DA	AY YEAR	26 HOUR
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	3. SE)		RACE W	T5. DATE C	And the Part of the Control of the C	& AGE LIN YEARS LAST BIRT	HDAY)	F UNDER 1 YEAR	IF UNDER 24 H
		<i>remale</i>	WHITE	MONTH	1 1 A A A A A A A A A A A A A A A A A A	76	YRS	ONIHS DAYS	HOURS A
1			CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OF		OF DEATH	
C		MD .	U.S.A.	WIDOWE		BALTIMO	ORE C	ITY	
		TY OR TOWN OF DEATH BALTIMORE	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET MERCY HOSE	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAK)	ON WORKING LIFE)	126. KIND O	F BUSINESS
7		AL RESIDENCE (IF NURSING HOME OR O		E ADMISSION)		4			
а	"	MD.	13c CITY OR TOW		YES X NO	3221 LAW		VIL	2121
1	FA	HER'S NAME	DVDITE	OKE	15 MOTHER'S MAIDEN NAM		4 A TTIM	HVD.	
T	-	GEÖRGE MI	WALA	S	CATHER:	INE		WOY	CIK
+	160 V	VAS DECEASED EVER IN U.S. ARM			17 INFORMANT	ADDRE	55763	OHEEN	MMA
	()	es noor unknown) (IF yes give t	war or Dates) 215-32-			KOFSKY (S	TZ (NC	ONE 'M	OUNT
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), or	id (c).)	5. 00, Ac =	THEARCH	00/	BETWEEN C	MATE INTERVA
		IMMEDIATE	CAUSE (0) ACUTE	440	CARDIAL -	DAILICE	377	120	dey
			DUE TO, OR AS A CONSEOU	ENCE OF					1
		Conditions, if ony, which	(b)						
		gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQU	ENCE OF					
	7	PART 2 OTHER SIGNIFICANT CO	DINDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVE	N IN PART 110	
4	ATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	ODERATIO	N WAS DEDECTAMED	20a AUTOPSY?	20h IF VES	WERE FINDIN	ICC LICED
7	CERTIFICAT	170 DATE OF OPERATION	176 CONDITION FOR WHICH	OPERATIO	WAS PERI ORMED		IN CERTIFY	ING CAUSES	OF DEATH
	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21¢ HOW INJURY OCCURR	YES NO	YES	_	NO 🗌
2		OR CONTRIBUTING CAUSE OF DEATH		AY YEAR	THE THORNE IT SOME OCCORN	(ENTER MATURE OF IMJOR	INTEM IS PA	RI I OK PARI 2]	
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	214 LOCATION				
	MED	21d INJURY OCCURRED WHILE OF NOT WHILE OF NORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	FARM ETC)	21f LOCATION STREET	CITY OR TOV	IN	COUNTY	STA
		270 1 certify that (1) this hospito			0 1 19 85		13_1	9 85.	that (I) (we
		sow the deceased alive on_ obove, (1) (we) (did) (did not)	yew the hadd after death	85 , or	nd that in (my) (our) opinion o	death occurred on the do	te and hour	and from the a	ouses stote
		27h, SIGNATURE	Thew file dody offer dedfin.		DEGREE			22c. DATE	
		Jestre	VD) /Den	non	MO ATTENDING PHYSICIAN	MEDICAL STAF		101	3/8
		THE PHYSICIAN SHAME ITHE OF	Asins)		22e ADDRESS	,			10
11		JEFFREY	D. BET	VNE	MERCY	HOSPITA	2 1.	BAITE). , N
		URIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	
	(BURIAL	10/5/85 St	t. St	anislaus	Baltimo	re	COUNTY	M
84	24 FL	NERAL DIRESChimune	k Funeral HO	ne, I	nc. 250. DATE	E REC'D. BY REGISTRAR			
		3331 Bre	hms Lane, Ba	lto.	Md. 21213	UCT 8 198	5 grins	a publication	and him



meral director page 3

may be

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending is should be detached for use as the burial-transit permit. Then please remove cortions with the State Dept. of Health and Mental Hygiene prior to burial, cremation, at mem.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

RTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH		REG. NO.	0	~	
		REG. NO.			
LACT	2 DATE OF D	CATIL ONLIN		S SEP	

FOR STATE REGIS	TRAR			HEALTH AND MENTAL HYG FICATE OF DEATH		0.) 4
1 DECEASED (TYPE OR PRINT)		E R	V	WITT	REG. NO. 70. DATE OF DEATH MONTH DAY YEAR 72 b. HOUR 10-9-1985 7:00 AM 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. YRS. 9 PAIT MORE CITY OR COUNTY OF DEATH 126 DYNAL OCCUPATION 12b. KIND OF BUSINESS OR 17 PILLE WORK FOR MOST OF WORKING LIFE) INDUSTRY 130 STREET ADDRESS AZIP DOE		
FE MA	CE (STATE OR FOREIGN	A RACE	S. DATE (13 1908	77	MONTHS DATE	FUNDER I YEAR IF UNDER 24 HRS. WIND DATE DATE HOURS MIN. WASHED DATE HOURS OF BUSINESS OR INDUSTRY WASHED DATE HOURS OF BUSINESS OR INDUSTRY WASHED DATE HOURS OF BUSINESS OR INDUSTRY WASHED DATE HOURS WERE FINDINGS USED DEATH? YES NO COUNTY STATE COUNTY STATE 19 85 that (I) We lost dhaur and from the couses stated 221. DATE SIGNED
MART	OWN OF DEATH	U. 5 . A	MARRIE WIDOW TAL, NURSING HOME		PAKTIME 126 USUAL OCCUPATI	ORE CIT	OF BUSINESS OF
USUAL RESID 138. STATE	ENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE R	ITY GIVE STATE ADDRESS) P TO SO ESIDENCE BEFORE AD AISSION) ITY OR TOWN	13d INSIDECITY LIMITS?	Home m	ATER ATER	212120
PE	NAME FIRST FER I	MALEC KI	LAST COCIAL SECURITY NO.	YES NO 15 MOTHER'S MAIDEN NA/ FIRST 17 INFORMANY	NE MIDDLE		AVE AST
		IVE WAR OR DATES)	OCIAL SECORITY NO.	CHAS. RIL	BERT /	FIG LANCE	2053
PART 2	OTHER SIGNIFICANT		BUTING TO DEATH BUT			20b. IF YES, WERE FIND	DINGS USED
21a AC	CIDENT WAS UNDERLYING	21b. TIME OF INJU	IRY	21c HOW IN HIRY OCCURR		YES 🗌	NO 🗌
	TRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH DAY YEAR	The transfer of the transfer o	(EMIER MATORE OF INTO	RI IN IEM ID PARCI ORPARIZ)	
WHILE LAT WORK	NOT WHILE AT WORK	21e PLACE OF IN (AT HOME, STREET FA	JURY CTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
	ertify that (1) Whis hasp	100	eased from 10-	1 19 85			
201 015	v the decoased alive ar ave. (IT (we) (did) (did no	at view the bady after	death.		death accurred on the do		
22b S1C	COL	of view the body after	death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. DAT	
22b S1C	w the deceased chive or over, [IT] was Idid (did no SNATUR) YSICIAN'S NAME (TYPE)	of view the body after	death.	DEGREE ATTENDING	MEDICAL STAF	FIAN Q 221. DAT	
22d. PH	YSICIAN'S NAME (TYPE)	OR PRINT) GURUSWAM	and Amy	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF	L CORP.	

ACOPISS Preserve a soft and a second Comment Com Fre Transper Courted the French The House the MINISTER FORMALE . 954 5 CRIVER AVE The same of the same of THE KILLOW HICKORY FREE DR LUNIE TENED LESSON STEWNS LESTEN LESS DE LA LANCE THE PERSON AND THE PROPERTY OF
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

7	1 -	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		3 0 3
	1 DEC		WIDDLE	+AST	REG. NO.	DAY YEAR 12h HOLIR
		OR PRINT)	1AN MIDOLE	WLASKIN	10-	19-85 9:27 M
	3 SE	0.000	TRACE STORY	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	1. DIE	RETTRACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	10-15- 1911	9 BALTIMORE CITY OR COUNT	Y OF BEATH
7		KILELLA)	Rusua	MARRIED NEVER MARRIED WIDOWED TO DIVORCED TO	1 /3 + 4	ita, MD.
1	10 CJ	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR
p	15	attenno	Box of ccary	o Stopp.	Went toutler	Osskay
4	130 5	TATE OF THE NURSING HOME O	/3	N 138 INSIDE CITYLIMITS?	130 STREET ADDRESS / ZIP COD	E 1 64 21201
	IA EA	THER'S NAME	Jal limi	YES NO I	541 11. 200	band of 2601
5	IN FA	FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST
4	14- 10	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECUR	JRITY NO. IJ AVFORMANT	-ADDRESS &	
			IVE WAR OR OATES)	8162 Las Las	Westmerster, Med	Bant-lux 1-1
	,	PART I DEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ife myocard filme Hea fredoricular	lial Branchs A Disease AMERICAN RMINAL DISEASE OF THE HER GILL RMINAL DISEASE OF THE HER G	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	206. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
g		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
1	MEDICAL	21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FA	211 LOCATION STREET	CITY OF IOWA	CITIZENT STATE
		AT WORK AT WORK		10/2	10/10	Gr.
9		saw the deceased alive ar	n19	and that in (my) (aur) apinio	on death accurred an the date and ha	ur and from the causes stated
		above, (Miwe) haid) (did no	lot) view the body after death.	DEGREE ATTENDING PHYSICIAN		10/19/8-
	3	22d. PHYSICIAN'S NAME (TYPE	A BELTR	AN 1940 U	J. BALTIRUON	RE ST
	230 B	urial, cremation, removal	1 22 10017	NAME OF CEMETERY OR CREMATOR	COFORTOWN	COUNTY BALTU 2122
	74. FL	INPRALISIRICTOR	10	A service Committee Commit	DATE REC'D, BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
	1	1/2/1/2	Man 1 San MADORESS &	TOU HULLINS ST. 250. D	30 1985, Julia Dui	door Boodelles "

DHMH - 16 60M 7/B4

BP.

10 FUNERAL DIRECTOR After should be detached for one as with the State Dept. of Health

(VRA 15, 4)

303042

- STATE REGISTRAR DECEASED NAME

FEMALE

10 CITY OR TOWN OF DEATH

MARYLAND

TYPE OR PRINT

3 SEX

		IL O				200
EPARTMEN	T OF	HEAL	.TH	AND	MENTAL	HYGIÉN
C	ERT	FICA	ATE	OF	DEATH	

IIIICATE OF DEATH	REG. NO.		
WOLBERG	OCTOBER 20		26 HOUR 9 A
TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR
FEB. 1. 1912	73	MONINS DAYS	HOURS MIN

To BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED POLAND USA

WHITE

WIDOWED DIVORCED XX NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

174 KIND OF BUSINESS CLOTHING

BALTIMORE CITY OR COUNTY OF DEATH

SALESPERSON

MIDDLE

JEWISH CONVALESCENT CENTER BALTIMORE

ANN

4. RACE

ALIDDI F

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

IMMEDIATE CAUSE (a)

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 136. CITY OR TOWN BALTIMORE

13d. INSIDE CITY LIMITS?

6966 MILBROOK PARK DR. 21215

SAMUEL

BACH

SYLVIA 17 INFORMANT

DREXLER

60 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OF UNKNOWN HEYES GIVE WAR OR DATEST

PART I. DEATH WAS CAUSED BY

166 SOCIAL SECURITY NO 217-16-8974

AIMOUSING

MRS. SHIRLEY ISAACS 3932 SETONHURST RD

BALTO MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

90 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 MACWO CVA

ZUNGUL

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURAL

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21d INJURY OCCURRED NOT WHILE

220 I certify that (1:

21f LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FARM ETC 1

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

CITY OR TOWN

and that in (my) (opinian death accurred on the date and hour and from the causes stated

STATE

saw the deceased live on abave. (I) (western Adid not) view the body ofter death. 226. SIGNATURE

DEGREE ~0 ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

200 AUTOPSY

22¢ DATE SIGNED 10/21/85

22d. PHYSICIAN'S NAME LITYPE OR PRIN ARTHUR LEBSON, M.D.

3640 FORDS LA.

BALTO., MD

230. BURIAL, CREMATION, REMOVAL 23b. DATE OCT. BP.

CERTIFICATION

MEDICAL

00

OCT.21,1985

sprital) attended the deceased fram, 16 OCLOPA

BETH ISAAC ADATH ISRAEL COBALTIMORE

20 October

MARYLAND

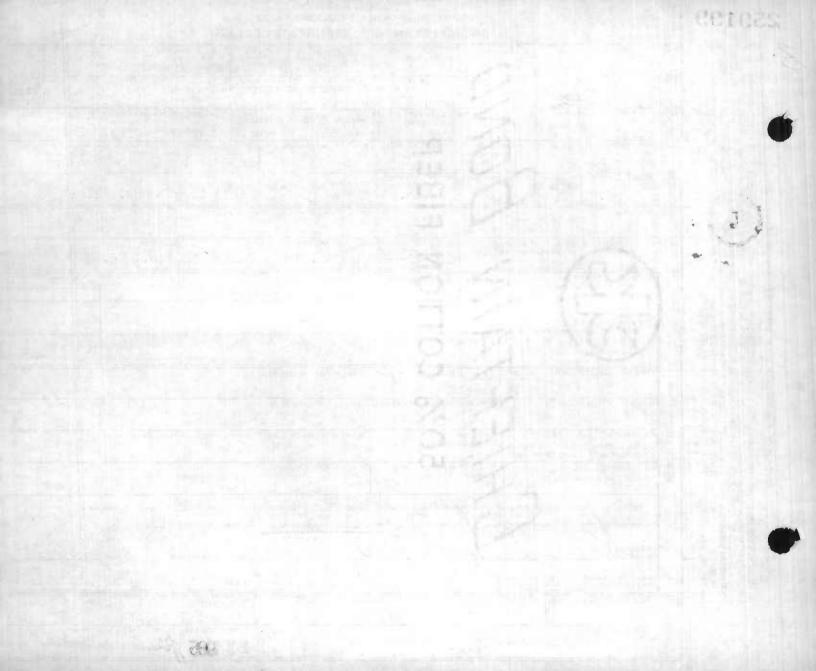
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE OF THE PROPERTY OF TH

2019	155		FOR	DEPART	STATE OF M.	ARYLAND CLA	21. 50	ं भाष्ट्र	步叮
431	700	1	STATE REGISTRAR		CERTIFICATE	OF DEATH	REG. NO	2850	フ
and to a	To door		Agues PRACE	A.	Joke S. Date of BIRTH	uberg	10-3-8 AGE (IN YEARS LAST BIRTH		EAR IF UNDER 24 HRS. AYS HOURS MIN.
Page 1	Brit	is	West Indies 76 CIT	IZEN OF WHAT COUNTRY	? B MARRIED N	8-0	BALTIMORE CITY OF	YRS	
(1)	X	M F	IV OR TOWN OF DEATH III. N.	U.S. AME OF HOSPITAL NURSI	WIDOWED	DIVORCED [IZE USUAL OCCUPATION	ON 12b. KIN WORKING LIFE) INDUST	MD. ID OF BUSINESS OR
(1)	300	Usu	A MORE OF OTHER IN	ASTITUTE A THE METERICE BEFO	UNA G	Wiversit	HouseWife	e 2	1600
hin 24 h	122	III. Fa	Talbo	t Cond	DVA YES [THER'S MAIDEN NAM	RI#LI	3 OX 2	080
the bad	1200		JOSEP JOSEP	H XXXXX	erd E	=//eu	WIDDLE	Desi	tra
20 000 00	S. Proprie	1	VAS DECEASED EVER IN U.S. ARMED FO ES NO OR UNKNOWN) (1F YES, GIVE WAR O		-9822	-lowing H	awks PTA	E4 Box 3	58 MIL
rificate	emoral event, fi		18 CAUSE OF DEATH Enter only one PART I. DEATH WAS CAUSED BY LDIATE CAU	(· · D · · ·	respirato	n Raile	10	APP BETWI	ROXIMATE INTERVAL EEN ONSET AND DEATH
death ce	ne curb non or r numatic	-	DI Conditions, if ony, which	JE TO, OR AS A CONSEQUE	JENCE OF	Trauma		9	weeks
Not the	ate remo		gave rise to immediate cause (a), stating the underlying couse last.	JE TO, OR AS A CONSECU	Les Trau	de la	The state of	9	weeks
Sauces doubts	Then ple to burns rejury, an	NO.	PART 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TERMIN	I AL DISEASE OR COND	ITION GIVEN IN PAR	Tlra
he low is on.	A Design	CERTIFICATION		CONDITION FOR WHICH	H OPERATION WAS	PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES []	
Class.	The state of	CAL CES		TIME OF INJURY HOUR A.M. MONTH E	DAY YEAR	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART	2)
G PHYS othersition per thus c	the toy	MEDI	ZId INJURY OCCURRED WMILE NOT WHILE AT WORK AT WORK	PLACE OF INJURY THOME STREET, FACTORY OFFICE,	21f LC	CATION	CITY OR TOW	n COUNTY	STATE
TENDRA ital er	3	3.	27a certify that (1) (this hospital) off	7-260 19	2 - 2	n (my You) opinion de	oth ock fried on the da	I 10 83	_, that (I) (we) lost the couses stated
I OR A the houp	19	1	obove, (I) (we) (did) (did not) view	the bady after death.	DEGREE	ATTENDING	MEDICAL STATE	TR. D.	ATE SIGNED
SOSPITA ned by FUNERA	ORTANI		27d. PHYSICIAN'S MAME (174 O PRINT)	1	22e A	DDRESS	DIRECTOR PHYSICI	and 170	D (20
01 10141 101			SPECIFY)		NAME OF CEMETER		23d LOCATION CITY OR TOWN	COUNTY	Dall
BP			Cremation 10			Cremator	y Salis		comico, Md
	6 60M 7/84		Newnam Funeral	Home MEa	ston, Md	. 21601	'O 1005	Julia Dairdson	- Aandelle

MANAGER STATE OF THE PARTY OF T Edward Desire Corners while have the first state of

9199	FOR				DEPA	RTMENT OF	HEALT	MAKYLANI H AND ME	D NTAL NÜ	YGIEN	F	2 8	3	0	0	
3133	- STATE					L EXAMI						REG. N	10		,	
		DNAME	FIRST	She .	MIDDL	E	/ [4]0	Womac	ck Si	r.	OF	KNOWNX ESTI- MATED [X MONII		YEAR OF	2h HOU
3.	SEX Male	4 R	Louis	5 DATE OF B	DAY YE		EARS IF U		F UNDER 2		2c. DATE PRONOUN DEAD	ICED	MONTH	DAY	9 85 YEAR	24 HOU 1:30
83	BIRTHPI FOREIGN	ACE (STATE (COUNTRY))R	76. CITIZEN C	OF WHAT CO		8 MARI	NED NEVI	ER MARRIE DIVORCE	0	Balt	ore city	OR COU	NTY OF DI	EATH	М
2	Bal	timore		(IF NOT IN SI	uch facility, G Sinai	NURSING HOA IVE STREET ADDRESS HOSPIT	al	HER INSTITUTI	ION			NING LIFE) Loyed		OR	D OF BUS INDUSTR duce	SINESS
5 13	a. STATE	Md.	13b COUNT		13c. C	ENCE BEFORE ADMIS CITY OR TOWN Balto.	ion)	YES THE			22 Ar	gyle .	Ave.	212	17	
30		RST	56	MIDDLE		LAST		15. MOTHER	51	N NAME	М	IDDLE	_	L/	AST	
11	(YES, NO.	OR UNKNOWN)	ER IN U.S. ARM			SOCIAL SECURI 18-22-96		Ms. I		Qui	nce	ADDRES Balto	300	Z.Edm	onds	on
		Conditions, i	f any, which a immediate ing the <u>under-</u>	E CAUSE (o)_ DUE TO	Arter D, OR AS A C	CIOSCLER CONSEQUENCE	OF	Cardio	ovasci	ular	Dise	ase		BETWE	EEN ONSET	AND DEATH
CKEWATION		2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO	DEATH RUT NOT	RELATED TO THE TE	MINAL OISEA	SE DR CONDITION	GIVEN IN PAR	T 1 (g)						
	Ser IFICATION	DATE OF OPE	RATION	19b CC	ONDITION F	OR WHICH OPE	RATION	WAS PERFORM	AED?			YARA		84 83	UTOPSY?	NOX X
		EXTERNAL CA ERLYING [ITRIBUTING [-	HOUR	ME OF INJUR R A.M. MON P.M.	RY NTH DAY YEA		IOW INJURY O	OCCURRED) (ENTERN	ATURE OF IN	IURY IN ITEM 1	8 PART 1 OR			7121
	14.1	ILE NORK AT	JRRED DT WHILE WORK		ACE OF INJU T, FACTORY, FAI	URY (AT HOME, RM, ETC.)	211. LC	STREET			CITY OR TO	WN	(COUNTY		STATE
		20 I certify the oth resulted from	1	e of the remai	Accid	abave, held on	Auto	psy . Hamicia TITLE (SPI A.D ASSIS	ECIFY)	Undete	Inquiry ermined mo	onner .	nd in my , DAT SIGI	e 8-	·31 - 8	5
AFTER DEATH, WIT BALTIMORE, MARY	(TYPI	MINER'S NAME OR PRINT)	Dell			n, M.D.		_ADDRESS				et, B	Alto	., Md	. 2	1201
	BU	RIAL	I,REMOVAL 23	9./14/		3€ NAME OF CI Arbutu		moria		. Ar	buti			SIGNATU	Md.	ATE
. 17	NAME		h_F/H		1 1 0 1	F Nor	th A		SEF		1985	100		bon-R		-

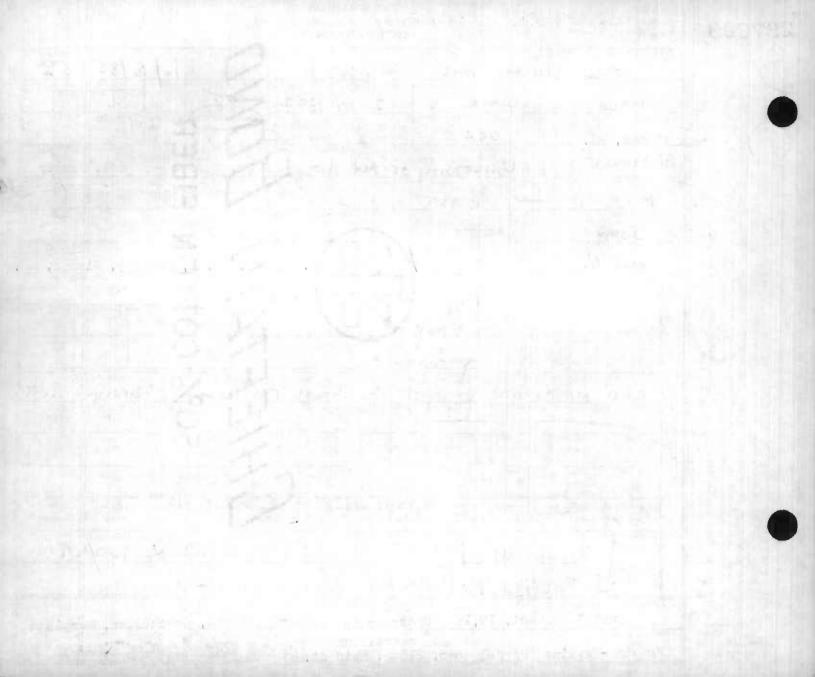


ADDRESS Federalsburg

Framptom-Hawkins Funeral Home. 216 N. Main St

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)



FOR - STATE

3. SE)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Con	Ö	No.	- 1	y

ATE	OF	DEATH				REC
ī			20	DATE	OF	DEAT

REGISTRAR		CERTIFICATE OF DEATH REG. NO.							
EASED NAME FIRST PROPRINTS Reddie	MIDDLE F.	Wood	Sr	20. DATE OF DEATH MONTH	23-85	26 HOUR 2-45			
4	RACE	5 DATE OF BIRTH	MEAD	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 2.			

male	black	MONTH 9	28	VE.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	B. MARRIED	NEVERM	ARRIE

MARRIED 🖾 NEVER MARRIED 🗖

DIVORCED

BALTIMORE CITY OR COUNTY OF DEATH

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY timore 14. FATHER'S NAME

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),

NO [15. MOTHER'S MAIDEN NAME

MIDDLE

WAS DECEASED EVER IN U.S. ARMED FORCES?

ADDRESS

IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate

couse (a), stating the

underlying couse

21d INJURY OCCURRED

NOT WHILE

PART I. DEATH WAS CAUSED BY

rdicaenic

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION

210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.

AT HOME STREET, FACTORY, OFFICE FARM ETC)

21e PLACE OF INJURY

23b. DATE

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

, and that in (my) (our) apinian death occurred on the date and haur and from the causes stated

Arbutus

20a AUTOPSY?

211. LOCATION CITY OR TOWN

COUNTY STATE

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

22a I certify that (1) (this haspital) attended the deceased fram I 🖸 saw the deceased alive on_ 22b. SIGNATURE

(SPECIFY

MEDICAL

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

STATE

Md

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

COUNTY

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT

Arbutus Memorial Park Burial 10/26/85 24 FUNERAL DIRECTOR William C. March F/H Inc West 4300 Wabash Ave

BY REGISTRAR 256 REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
	DECEASED NAME	SATUEL		100LF	20 DATE OF DEATH MONT	Fez 15 188	ZU HOOK
	3 SEX MINE	1 RACE CAM CA	S LAN S. DATE C	4-13 1918	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DA	
	70 BIRTHPLACE (STATE O	/10	MARRIE WIDOWI	NEVER MARRIED DIVORCED	PAULINOSE CITY OF CO		MD.
	RATIONS OF D	EATH 11. NAME OF	HOSPITAL, NURSING HOME (CHEACILITY, GIVE STREET ADDRESS) CHECKLES	OR OTHER INSTITUTION	TAKAKA KAKACATA PARANGANA	R 121GIV	KAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	USUAL RESIDENCE IF NO. 130 STATE	RSING HOME OR OTHER INSTITUTION THE COUNTY	13t. BALFAMORE	134 INSIDE CITY LIMITS? YES NO P	130.STREET ADDRESS / ZIP		#21207
1	FATHER'S NAME	XX	WOOLF	15. MOTHER'S MAIDEN NA	MIDDLE	JAC) डिंडिं
	160 WAS DECEASED EVE (YES NO OR UNKNOWN)	R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	213 76 3098	17 INFORMANT MRS. 3518 JOANN			21207
	18 CAUSE OF DEA PART I. DEATH	WAS CAUSED BY. IMMEDIATE CAUSE (a)		moiocenic	SHOW	BETWE	POXIMATE INTERVAL FEN ONSET AND DEATH
	Conditions, if on gove rise to in couse (a), star underlying cau	nmediate thing the DUE TO. C	DR AS A CONSEQUENCE OF				
	PART 2 THER SIGN 190 DATE OF OPER 12 210 ACCIDENT WAS U	, PUD	ONTRIBUTING TO DEATH BUT			ON GIVEN IN PART	
	# 12 Och	hues Fu	ot GMbrene		YES NOT IN	CERTIFYING CAU	SES OF DEATH?
1	OR CONTRIBUTING	CAUSE OF DEATH HOUR A	DFINJURY A.M. MONTH DAY YEAR P.M. 19	ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART	2)
ı	AGUILE NO.	(AT HOME S	OF INJURY REET FACTORY OFFICE, FARM ETC }	211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
ı	sow the deced	1) (this hospital) attended to	100	nd that in (my) (ver) opinion	deoth occurred on the date or	nd hour and from	the couses stated
	226 SIGNATURE	M		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	_ 1.1	NE SIGNED
	270 PHYSICIAN'S I	VAME (TYPE OR PRINT)	arm	300 Fus	le un	BALTO	., MD
	230 BURIAL, CREMATION (SPECIFY) BURIAL	REMOVAL 236 DATE OCT . 16	,1985 CHIZUK	EMELERY OF CREMATURY OF	TON) BALTIMOR	E COUNTY	MARY LAND

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

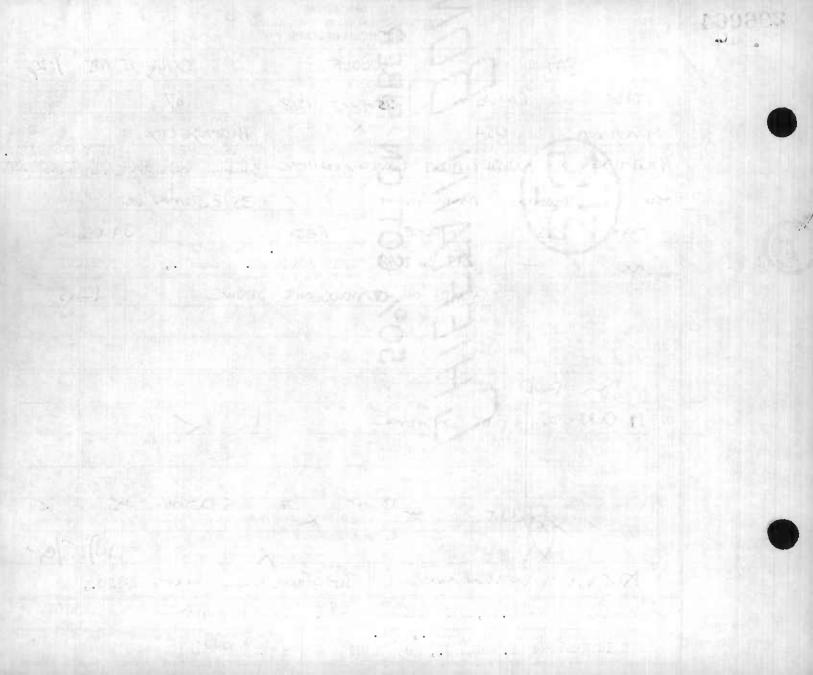
should be detached for use as TO FUNERAL DIRECTOR.

IMPORTANT. If he

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 MRE ISTERSTOWN RD. BALTO DORESS MD 2

21215

250 DATE REQUE BY STRAP TO RESERVANTE STO VATURE



filled in by the funeral director, page 3 may be 3 out be filed within 72 hours after death mast be contied and a DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carban poperite with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL

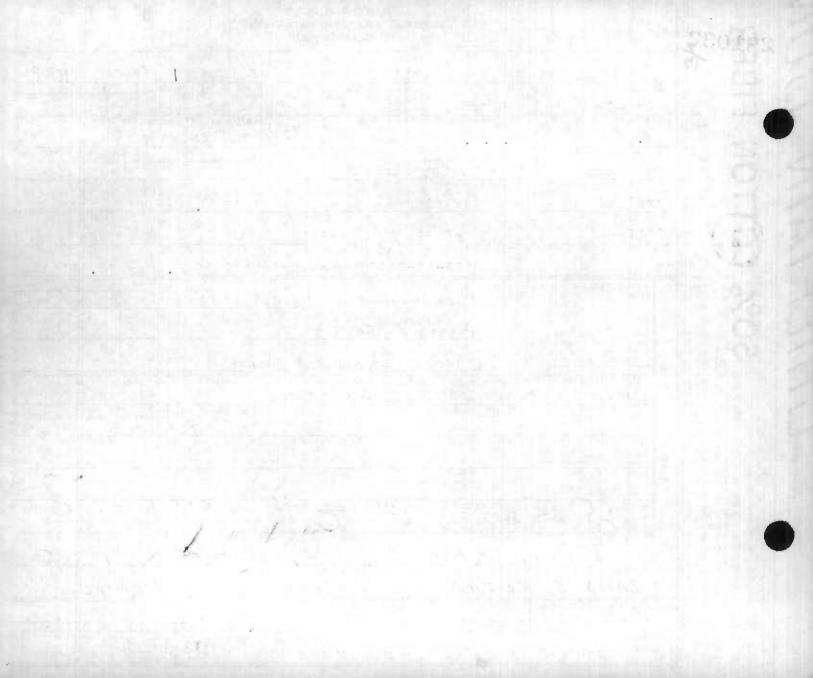
BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAK							REG. NO				
	CEASED NAME	FIRST	٨	AIDDLE	-ULEVAL	AST	2a DATE	OF DEATH	MONTH	DAY YEAR	.2b H	OUR
TIMPE	OR PRINT)	Bessi	9		Wrigh		Octo	ober 1	, 19	985	110) F
3 SEX			4 RACE		5. DATE (F BIRTH	6 AGE (IN YEARS LAST BIRT	-	IF UNDER 1 YE		DER 24
	Female		Bla	ck	3	1 13		7.0		MONTHS DAY	S HOUR	5 /
	RTHPLACE (STATE O	R FOREIGN	Th CITIZEN OF		TDV2 8		- 9 BALTIA	72	YRS.	Y OF DEATH	1	1
0	a .				MARRIE	NEVER MARRIED		ltimor				
	TY OR TOWN OF DI	ATH	U.S.A		WIDOWI	D DIVORCED	haman'	AL OCCUPATION			OF BUS	INTEGO
_			(IF NOT IN SUC	H FACILITY, GIVE S	TREET ADDRESS)			ORK FOR MOST OF				II 4E 55
	AL RESIDENCE (IF NU				y Stre	et						
13a S	TATE	136 COUN		13c. CITY OR		13d INSIDE CITY LIMITS	S? 13e STREE	T ADDRESS /	ZIP COD	DE 30		
	ryland	_		Balti	more	YES X NO	1815	N. G	ay S	St. 2	121	3
	THER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE			LAST	
Wi	11iam			Griff		Lucille				Wyn		
	VAS DECEASED EVE			166 SOCIAL	SECURITY DE	17 INFORMANT		ADDRES	SS			
no	rES, NO OR UNKNOWN)	IN YES GIVE	WAR OR DATES)	212-1	2-7235	Thomas Wr	ight 1	815 N	. Ga	y St.	21	21
	18 CAUSE OF DEA	TM (Enter ppl	v ane cause per	·			-6				OXIMATE IN	
	PART I. DE ATH	WAS CAUSE	BY.	•	PU-MUN	my Ann				BETWE	ENONSELA	IND DE
Conditions, if ony, which (b) Probable SEPSIS												
			((b)_	12034	rue s	EPSIS						
	Conditions, if on gove rise to in cause (a), stat	nmediate	DUE TO, OF			EPSIS						
	gove rise to in	nmediate ing the	DUE TO, OF		EQUENCE OF	EDMODEN	STATE					
	gove rise to in cause (a), stat underlying caus	nmediate ing the se last.	(6)	RAS A CONSI	EQUENCE OF	1		ase or cone	DITION G	IVEN IN PART	110	
NOI	gove rise to in cause (a), stat underlying caus	nmediate ing the se last.	onditions <u>co</u>	RAS A CONSI HRON ONTRIBUTING	EQUENCE OF	NOT RELATED TO THE	TERMINAL DISE	ase or cone	DITION G	IVEN IN PART	100	
CATION	gove rise to in cause (a), state underlying cause PART 2 OTHER SIG	nmediate ing the se last. GNIFICANT C	ONDITIONS CO	RAS A CONSI HRON ONTRIBUTING	TO DEATH BUT	EDMODEN	TERMINAL DISE	ASE OR CONE	20b. IF YI	ES, WERE FIN	DINGS U	
TIFICATION	gove rise to in cause (a), statunderlying cause PART 2 OTHER SIG	nmediate ing the se last. GNIFICANT C	ONDITIONS CO	RAS A CONSI HRON ONTRIBUTING	TO DEATH BUT	FOMODEN NOT RELATED TO THE TA	TERMINAL DISE		20b. IF YI		DINGS U	ATH
	gove rise to in cause (a), statunderlying cause PART 2 OTHER SIG	mediate ing the se last. GNIFICANT C PLE ATION	ONDITIONS CO CENERS 1 19b CONDI	PAS A CONSI HROW DITRIBUTING DOVASCA TION FOR WI	TO DEATH BUT	FOMODEN NOT RELATED TO THE TA	TERMINAL DISE \$ 200 AU YES [JTOPSY?	20b. IF YI IN CERT	ES, WERE FIN IFYING CAUS	DINGS U SES OF DE NO	ATH
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	gove rise to in cause (a), statunderlying cause (a), statunderlying cause (a) part 2 OTHER SIGNAL (b) part 2 OTHER SIGNAL (c)	mediate ing the ise last. GNIFICANT C PLE ATION NDERLYING CAUSE OF DEA DICAL EXAMINER; RRED	ONDITIONS CO CENERAL 196 CONDI 196 CONDI 216 TIME O. HOUR A 21e PLACE	RAS A CONSI H PON DATRIBUTING DOVASCU TION FOR WI F INJURY M. MONTH M.	TO DEATH BUT	NOT RELATED TO THE TO ACCL DENT N WAS PERFORMED	TERMINAL DISE \$ 200 AU YES [JTOPSY?	206, IF YI IN CERT Y	ES, WERE FIN IFYING CAUS	DINGS U SES OF DE NO	ATH
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CERTIFI	PART 2 OTHER SIGNATURE 19a DATE OF OPER 21a, ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME 21d INJURY OCCU WHILE ATWOR 22a 1 certify that saw the dece	mediate ing the ing th	IPB CONDI 216 TIME O HOUR A.I P.I 216 PLACE (AT HOME STR al) attended the	RAS A CONSI H PON DITRIBUTING DOVASCL TION FOR WI FINJURY M. MONTH M. DOF INJURY GET. FACTORY, OF	DAY YEAR 19 FICE, FARM, ETC.)	NOT RELATED TO THE TO T	Z0a AL YES CURRED (ENTER nion death accu	UTOPSY? NATURE OF INJUR CITY OR TOV	20b. IF YI IN CERT Y Y IN ITEM 18	ES, WERE FIN IFYING CAUS (ES D) PART T OR PART : COUNTY 19 21 and from to 122 and 122 and 123 and 124 and 1	DINGS USES OF DE NO	STATE D
CERTIFI	gove rise to in cause (a), statunderlying cause (a), statunderlying cause (a), statunderlying cause (b), statunderlying cause (c), statunderlying c), statunderlying cause (c), statunderlying cause (c), statunderlying c),	mediate ing the ing th	IPB CONDI 216 TIME O HOUR A.I P.I 216 PLACE (AT HOME STR al) attended the	PAS A CONSINE HEAD DITRIBUTING DOVASCLE TION FOR WE FINJURY M. MONTH M. OF INJURY OF I	DAY YEAR 19 FICE, FARM, ETC.)	NOT RELATED TO THE TO T	Z0a AL YES CURRED (ENTER nion death accu	UTOPSY? NATURE OF INJUR CITY OR TOV Tred on the do	20b. IF YI IN CERT Y Y IN ITEM 18	ES, WERE FIN IFYING CAUS (ES D) PART T OR PART : COUNTY 19 27c. DA	DINGS UNSES OF DE NO	STATE D
CERTIFI	PART 2 OTHER SIGNATURE 19a DATE OF OPER 21a, ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME 21d INJURY OCCU WHILE ATWOR 22a 1 certify that saw the dece	mediate ing the ing th	IPB CONDI 216 TIME O HOUR A.I P.I 216 PLACE (AT HOME STR al) attended the	PAS A CONSINE HEAD DITRIBUTING DOVASCLE TION FOR WE FINJURY M. MONTH M. OF INJURY OF I	DAY YEAR 19 FICE, FARM, ETC.)	NOT RELATED TO THE TO T	ZOG AL YES CURRED (ENTER Inion death accounts of the Course of the Cours	CITY OR TOV	20b. IF YI IN CERT Y Y IN ITEM 18	ES, WERE FIN IFYING CAUS (ES D) PART T OR PART : COUNTY 19 27c. DA	DINGS UNSES OF DE NO	STATE D
MEDICAL CERTIFI	gove rise to in cause (a), statunderlying cause (a), statunderlying cause (a), and a cause (a)	Mediate ing the ing th	IPB CONDI 216 TIME O HOUR A.I P.I 216 PLACE (AT HOME STR al) attended the	RAS A CONSI HEON ONTRIBUTING OVASCL TION FOR WI FINJURY M. MONTH M. OF INJURY GET. FACTORY, OF after death.	DAY YEAR 19	NOT RELATED TO THE TO T	Z0a AL YES CURRED (ENTER Inion death accurate DIRECTO MEDICAN DIRECTO TOPIC 1734 LOPE T	ITOPSY? NATURE OF INJUR CITY OR TOV Tred on the do STAF OR PHYSIC	20b. IF YI IN CERT Y Y IN ITEM 18	ES, WERE FIN IFYING CAUS (ES D) PART T OR PART : COUNTY 19 27c. DA	DINGS UNSES OF DE NO	STATE D
MEDICAL CERTIFI	PART 2 OTHER SIGNATURE 19a DATE OF OPER 21a, ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME 27a 1 certify that saw the leced above, (II) well 27b, SIGNATURE 27d, PHYSICIAN'S N	Mediate ing the ing th	ONDITIONS CO ONDIT	RAS A CONSI HRON DITRIBUTING DOVASCL TION FOR WI FINJURY M. MONTH M. OF INJURY etel FACTORY, OF after death. M. M. M. M. M. M. M. M. M.	DAY YEAR 19	POPUDEN NOT RELATED TO THE TO	ZOG AL YES CURRED (ENTER Inion death accounts MG DIRECTO	CITY OR TOV	20b. IF YOU IN CERT Y IN CERT Y IN ITEM 18	ES, WERE FIN IFYING CAUS (ES D) PART TOR PART: COUNTY 22c. DA COUNTY	DINGS UNSES OF DE NO	STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTIFICATE OF DEA	REG. N	10.	
4	1. DECEASED NAME FIRST	Vin W.	Wright	20. DATE OF DEATH	10 23 85	26 HOUR 12-248M
	Male	White		YEAR 6. AGE (IN YEARS LAST BI	O YRS MONTHS DAYS	
	BIRTHPLACE ISTATE OR FOREIGN PENNSYLVANI		MARRIED NEVER MA WIDOWED DIVO	RCED Bat	OR COUNTY OF DEATH	/ MD.
3	ITY OR TOWN OF DEATH	On 314, 50 2	, NURSING HOME OR OTHER INSTITUTION OF SPREET ADDRESS). THE MONTH OF THE PROPERTY OF THE PROP	(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTRY	OF BUSINESS OR
2	DE STATE NINCO	PUNTY 13c. CITY	OR TOWN 13d. INSIDE CITY	0□ 20526 3	Shadys de W	ay by
1	RICHARD	MIDDLE	SHT RH	NODA MIDDLE	TELLU	M
			-24-0638 PAINEW	right (S1911)	IEAS#1	3)
	PART I. DEATH WAS CAU	only ane cause per line far to USED BY. DIATE CAUSE (a)	erdiec Arrest		APPRO BETWEET	DXIMATE INTERVAL N ONSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO OD AS A SO	5129	Leukenses	6	weeks
		Hen Disease Sta	ING TO DEATH BUT NOT RELATED TO AUS POST THE CODE TO TO R WHICH OPERATION WAS PERFORM	Exception with Ventricular	HARLICISM AND	arr by thank
	итыс	234 TIME OF INITIAL	122- HOW INDI	YES NO	IN CERTIFYING CAUSE	S OF DEATH?

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

HOUR A.M.

21e PLACE OF INJURY

(AT HOME STREET, FACTORY OFFICE FARM, ETC.)

MONTH DAY YEAR

COUNTY

21f LOCATION

CITY OR TOWN

STATE

saw the deceased alive an abave, (I) (we) (did) (did nat) view the bady after death

220 I certify that (I) (this haspital) attended the deceased fram

DEGREE

22e ADDRESS

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

DHMH - 16 60M 7/84 (VRA 15, 4)

THE PLAN ENDING THE PARTY OF MANY OF Note that we have the second of the second o MEMORIO LANGET APPRIL TREALERS (2) 4 STE SHIPE I STEEL STATE THE AS A PERSON AS CHENNESS OF PRIBERS WENT PRIBERS ARE MELLED JAW CHARITEKS CO JAM SUBSK SKINGSKON STIELL

W. PRESTON ST., BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND

L'a	ठ	3	- 3

26 HOUR

IF UNDER 24 HRS

2

12b. KIND OF BUSINESS OR

Street 21211 LAST

21211

85

IF UNDER 1 YEAR

INDUSTRY

FOR STATE REGISTRAR			DEPARTM		EALTH AND	MENTAL HYG DEATH	HENE -	REG. NO	. O	94	, ,
DECEASED NAME	FIRST		MIDDLE	LAST		20 DATE OF	DEATH	MONTH	DAY	YEAR	
TYPE OR PRINT)	Helen	1	L.	Wri	ght		333		10	28	85
SEX	Take 1	4. RACE		5. DATE C		The second	6. AGE (IN YE	ARS LAST BIR	(HDAY)		NDER 1 YE.
Female		Whi	te	9	23	09	76		YRS	MON.	THS DA
COUNTRY		76. CITIZEN OF	WHAT COUNTRY?	8	17 NEVER	MARRIED -	9. BALTIMOR	E CITY O	R COUN	TY OF	DEATH
Maryland		USA	SEL 1	WIDOWE		NORCED	D-11				4
CITY OR TOWN OF DEATH Baltimore		(IF NOT IN SUC	CH FACILITY, GIVE STREET A	NG HOME OR OTHER INSTITUTION T ADDRESS) Street 21211			120 USUAL O		F WORKING		12b. KIND INDUSTR
SUAL RESIDENCE (IF N STATE Maryland	13b COU		13c CITY OR TOWN Baltimo:	N	13d. INSIDE O	CITY LIMITS?	13e STREET A	DDRESS West	ZIP CC 42n	d s	tree
FATHER'S NAME FIRST		WIDDLE	Alisea			S MAIDEN NA	ME	MIDDLE		Me	oore
WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORMA	ANT		ADDRE	SS		
NO OR UNKNOWN	(IF YES, GIV	/E WAR OR DATES)	217-20-6	5726	Mr. Wi	illiam '	Wright	1353	W.	42n	d St
18 CAUSE OF DE PART I. DEATH	WAS CAUSE	nly one couse per D BY: TE CAUSE (o)	Carles		erree	t.					APPR BETWEE
4 199			DAS A CONSEQUE	NICE OF	11			I=./			6

110	217-20-0720 MI: WIIIIam WIIGHE 1353 W. 4	ZIIG DC. ZIZII
18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Carline for (a), (b), and (c):	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 min Los
gove rise to immediate	O, OP AS A CONSEQUENCE OF	3yrs
PART 2 OTHER SIGNIFICANT CONDITIONS	S <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI	IVEN IN PART 110

CERTIFICATION

MEDICAL

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

19a DATE OF OPERATION

21d INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL

216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

CITY OR TOWN

200 AUTOPSY?

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES

NOU

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

YES T

STATE

220.1 certify that (I) (thus haspital) attended the deceased from saw the deceased alive an 9/12/4/85 sow the deceased alive an

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

(SPECIFY

Coher

22e ADDRESS UNION

23c NAME OF CEMETERY OR CREMATORY

Good Shepherd

opinion death occurred on the date and hour and from the causes stated

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DII should be detach with the State De

MPORTANT

Burial BP. 24 FUNERAL DIRECTOR

A. Alan Seitz, Jr. 3818 Roland Ave. 21211

10/31/85

23b DATE

CITY OR TOWN Ellicott City 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ب والمالة والمالة ووالمالة

3d LOCATION

Maryland

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10/18/55					N Lev	
Johnson Johnson	1 augusts	PHAV	N			
	225 at	Leeka		9 127		Land
	2968 O N 1301					

injury, or other troumotic event, the

IMPORTANT; If Item 21 is marked or Item 18 shows ony

2	97	41	n:
2	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed will the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and camplet when in the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbonapaers. Pages 1 and 2 should be filed within 72 hours offer death	91
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	deoth.	funeral	-
-	1	filed w	
	哪	ould be	6
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	IAN: Th	l-fronsit	ol Hygie
	PHYSIC	this cer	nd Ment
	ADING of	After Asse os the	eoith or
	R ATTER	RECTOR	pt. of H
	TAL OI	RAL DI	State De
	HOSP Hosp	O FUNE	with the
	0	F 10	3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY		3. NO.	2 0 1		
1. DECEASED NAME	FIRST	A	AIDDLE		AST	20 DATE OF DEAT	н момтн	DAY YEAR	26 HOUR	R
WIL	LIAM	Ed	ward	Ţ	WRIGHT	Octobe	r 19	1985	5:	35am
3 SEX	4 RA			5. DATE C		6 AGE IN EARSTA		IF UNDER " YEAR	F UNDER 2	24 HRS
MALE		WHIT	E	Augu	ust 11, 191	74	YRS	MONTHS DATS	HOURS	MIN.
TO BIRTHPLACE (STATE OR F	OREIGN 76 C	ITIZEN OF	WHAT COUNTRY?	8. MARRIE	DENEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	100	
MD			USA	WIDOWE		Baltim	ore C	lity		MD.
10 CITY OR TOWN OF DEA	TH 11.	NAME OF H	OSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCU	PATION	126. KIND (OF BUSINES	SSOR
Baltimore			Agne:		spital	superi			1f Co	oars
USUAL RESIDENCE (# NURS 130 STATE MD	136 BUNIY		Balle Tow		13d INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CO Benso		21:	227
FATHER'S NAME FIRST William	MIDDL		Wright		15 MOTHER'S MAIDEN NA	(UNKN		LA	AST	
160 WAS DECEASED EVER	IN U.S. ARMED	FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		DDRESS			
(YES NO OR UNKNOWN)	XXXXX		212/10	/7503	Ann S. Wr	ight (wi	fe) s	ame as	13	
	which which nediote g the lost.	DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	ENCE OF	NOT RELATED TO THE TERA					
190 DATE OF OPERAL	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDI TIFYING CAUSE YES []		H?
	AUSE OF DEATH	216. TIME O HOUR A.I P.I	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF	INJURY IN ITEM I	8 PART I OR PART 2)	1.3	1
OR CONTRIBUTING OF CONTRIBUTIN		21e PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM ETC }	211 LOCATION STREET	CITA	ORTOWN	COUNTY	ST	ATE
22a.1 certify that (1) saw the decease above, (1) (we) (c	ed alive an	10/	19/108	10/1	nd that in (my) (aur) apinian	death occurred an 1	19 he date and h		that (1) (we causes stat	
226. SIGNATURE	Latha		Millai		DEGREE ATTENDING PHYSICIAN (STAFF YSICIAN 🖫	226. DATE	SIGNED	185
22d PHYSICIAN'S NA		iTj			22e ADDRESS	Agnes 1	Hospita	il, Ba	ltim	ôre
230 BURIAL, CREMATION, (SPE Burial	42.24	b DATE			Haven Mem	Pk Glen	Burni	e AA I	MD St	ATE
24 FUNERAL DIRECTOR Singleton	Funer	al Ho	ome, Gle	en Bu	rnie, MD	TE REC'D. BY REGIST	RAR 256 REGI	ALINEAN	TURE PONDER	ę,

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

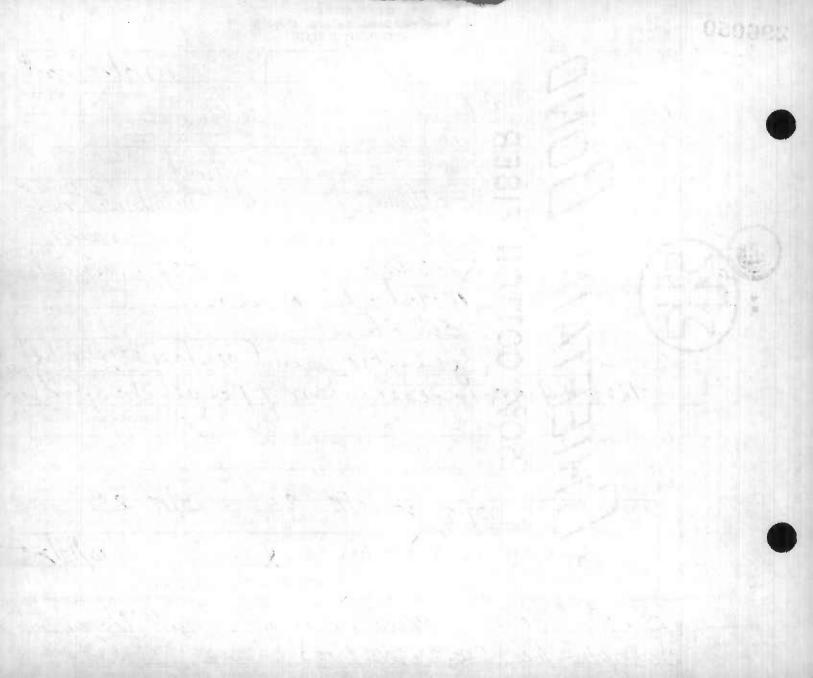
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR		CERTIFICATE OF D	EATH	REG. NO.		
-		CEASED NAME FIRST OR PRINT)	WIDDIE	LAST	2a DATE OF C	DEATH MONTH DAY	PEAR 26 HOUR	P
		DOROTHY	R.	WYATT		10/17	185 1725	M
	3 SEX	emale	A RACE COL	5. DATE OF BIRTH	49 36	YRS (HS DATS HOURS MIN	_
Y I	7a BIF	OUNTRY	76. CITIZEN OF WHAT COUN	MARRIED L NEVER A	AARRIED L	E CITY OR COUNTY OF	DEATH	
1	10 CI	TY OP OWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INST	OILCED [TIMORE CITY	2b KIND OF BUSINESS O	AD.
+	1	BALTIMORE	UNION MEMO	RIAL HOSPITAL			NDUSTRY	
5	12	1Aryland -		13d. INSIDE C	NO 1 625	DUMBA	con Ave	18
0	11 7	matthew	MIGDLE SKA	tes 7	DAYY	MIDDLE (0)	leman	
1		VAS DECEASED EVER IN U.S. ARA (ES NO OBVINKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL 228-	665616 Mr.	manel ly	ADDRESS AH625DC	umbarton h	1218
		18 CAUSE OF DEATH Enter onl PART I. DEATH WAS CAUSED IMMEDIATI	ly ane cause per line far (a), (D BY: E CAUSE (a)	tabolie	Audio	11's	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	1
		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON-	rock.	penal co	ud new	genedy	less
	NOI	PART 20 THER SIGNIFICANT OF	onditions confidential	Calllute	TO THE TERMINAL DISEASE	or condition gively in	rest del	Deck
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	THICH OPERATION WAS PERFO	RMED 200 AUTOF		ERE FINDINGS USED G CAUSES OF DEATH?	_/
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		H DAY YEAR	JURY OCCURRED (ENTER NATU	PRE OF INJURY IN ITEM 18 PART 1	ORPART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, O	OFFICE FARM ETC) 211 LOCATIO STREET	On Control	CITY OR TOWN	COUNTY STATE	
		22a I certify that (I) (this hospit sow the deceased plive an abave, (I) (we) (did) (did not	10///	Y)	(our) opinion death accurred	on the date and hour and	that (I) (we) lad from the causes stated	ost
		226. SIGNATURE	ou Mi	Sust	TTENDING MEDICAL DIRECTOR	STAFF PHYSICIAN []	10/17/8	5
		22d PHYSICIAN'S NAME (TYPE OF SUSAN DUMSH)		22e ADDRES	S ION MEMORIAL H	OSPITAL		
	230 B	URIAL, CREMATION, REMOVAL	10-23-85	NAZRENE BADTA	Chiema (B)	mothe CT.	house Phen	Va
	24 FG	THERAL DIRECTOR NAME OSEPHALIA	Puss 2220	2 Lu North	OCT 21	985 Line Davi	S SIGNATURE	-

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

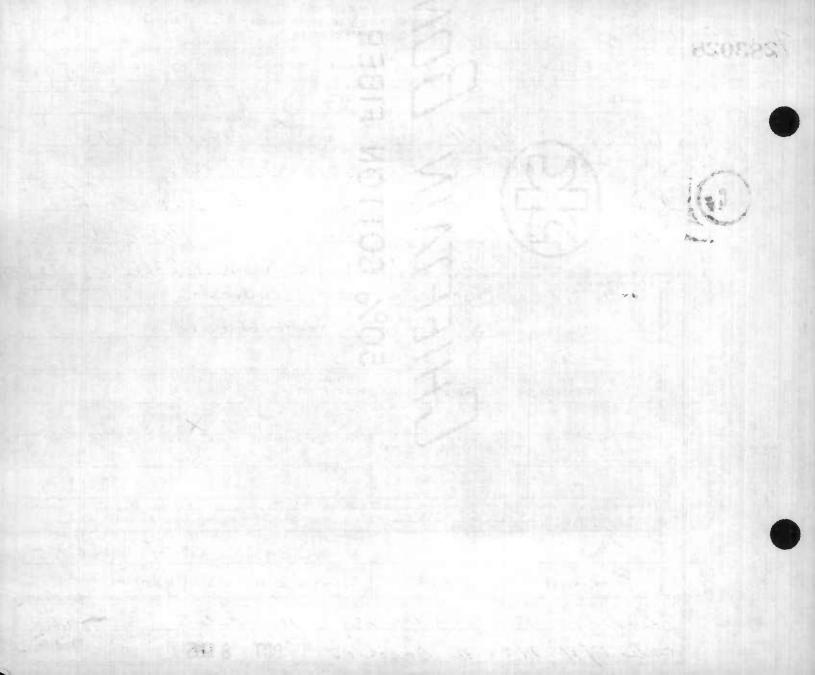
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1202020	1	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	51/
/283028	(1A)	CEASED NAME E FIRST ELLA	MIDDIE	YANCY	20 DATE OF DEATH MONTH D	10 1100K
ge 4 min) ector, go	3. SE	FEMALE	BLACK	5. DATE OF BIRTH MONTH DAY YEAR 5 27 08		FUNDER I YEAR IF UNDER 24 HRS
1 15 17	70_8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH MD.
1		TY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION SET ADDRESS) ARCOC CO HOC	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
35(1)	USL 13a.	AL RESIDENCE (IF NURSING HOME OF		YES NO	13e.STREET ADDRESS / ZIP CODE	# 21216 -TH AVE
		DEXIC VA	MIDDIE LAST	15 MOTHER'S MAIDEN NA	MIDDLE HOW!	and
1000		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SE VE WAR ON DATES) 2/8-	CURITY NO 17 INFORMANT /	Johnson 2300	1. W NorTh K
enthcate g physic on paper emoval green, th		PART I. DEATH WAS CAUSE	ally one couse per line for ioi, (b). ED BY. TE CAUSE (a) Cardi		urrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
of the duth control to by the ole din ser emore control control to other trouncts.		Conditions, if any, which gave rise to immediate cause to, stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	sclerolic heart	disease	
equires that is a signed to the pleat to buriol. Inputy, or	NO	PART 2 OTHER SIGNIFICANT O		O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
he law rian has been if permit.	ERTIFICAT	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
SICIAN: T 19 physici certificate riol-transi ental Hygi	CALC	71g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 7)
offer this os the burth and M	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE		CITY OR TOWN	COUNTY STATE
ATTENDI Spital or CTOR: A for use of Heal		sow the deceased alive on above, (1) (we) (did) (did no	tol) attended the deceased from 10.5.2.19 It view the body after death.	es, and that in (my) (our) opinion	to 10.6.1	
SPITAL OR A de hos by the hos be detoched be detoched e Stote Dept		The SIGNATURE			MEDICAL STAFF DIRECTOR PHYSICIAN	10 . 6 . 85
TO HOSPITAL TO FUNERAL Should be de		22d PHYSICIAN AME (TYPE C	CANT DES		howles Huspi	'roi)
BP	230	BURIAL CREMATION, REMOVAL	10-11-25 23	WESTY, EN CEM.	23d. LOCATION CIP OR TOWN SPLITO	STATE MINOS

Bett F/H 1129 N. CAROLINE

DHMH - 16 60M 7/84 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

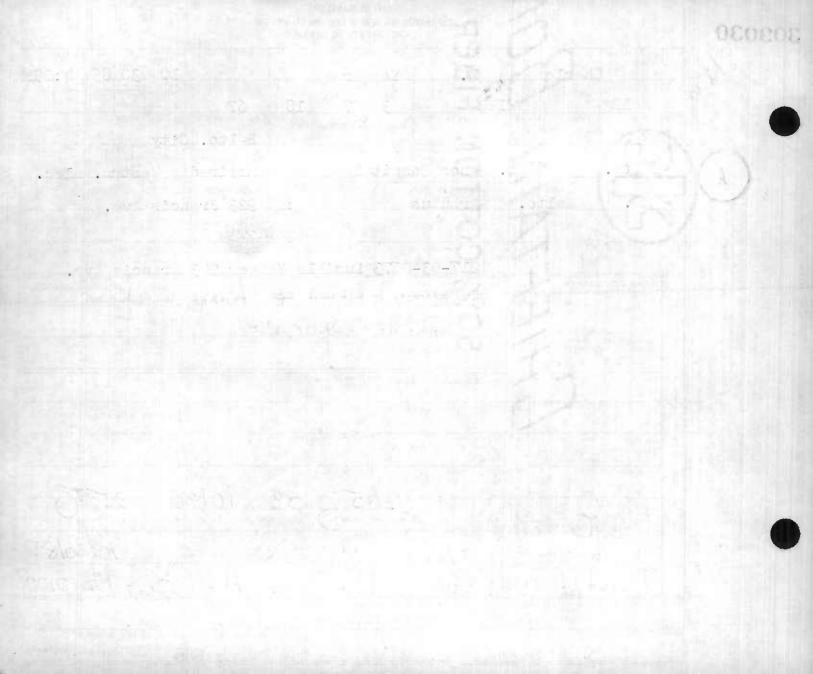
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- STATE REGISTRAR		DEFARI		ICATE OF	DEATH		. NO.			
1. DECEASED NAME	FIRST	MIDDLE		LAST		20 DATE OF DEAT		DAY	YEAR	26 HOUR
(TYPE OR PRINT)	rles	7	37				70	20	85	11.000
1 SEX	4 RACE		5. DATE C	DEBIRTH		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNE	DER I YEAR	IF UNDER 24 HRS
		rig spinely	MONTH		YEAR			MONTH	DAYS	HOURS MIN.
MALE	WHI		3	7_	18	67		RS		
BIRTHPLACE (STATE OF FO	PREIGN 76 CITIZENO	WHAT COUNTRY	MARRIE	D NEVER	MARRIED -	9 BALTIMORE CIT	Y OR COU	NTY OF D	EATH	
Howard CO	USA		WIDOWE		NORCED [Bolto.	Cit	V		M
TI CITY OR TOWN OF DEAT	(IF NOT IN S	HOSPITAL, NURSI	T ADDRESS)		NOITUTITE	120 USUAL OCCUP	ST OF WORKI	NG LIFE) 121	KIND C DUSTRY	OF BUSINESS OR
Balto.	/ St.		ospit	tal		Retire	d	West	rn.	Flec.
STATE	TO COUNTY	13c. CITY OR TOV		1 13d. INSIDE	CITY LIMITS?	13e.STREET ADDRE	SS / ZIP C	ODE 6	21	172
MD.	Balto.	Arbutu	S	YES 🗌	NO 🗆 🗙	923 Fr	anci	e Asr	0	1
HEFATHER'S NAME		4 4 5		15 MOTHER	'S MAIDEN NA	ME				
Heat	WIDDLE	LAST		Cat	herine 1	Drass	E		LAS	ST
George T. Xea	905 ARMED FORCES	1166 SOCIAL SEC	LIRITY NO	17 INFORM			DRESS			
NO (LEET HO ON THIS COAN)	(IF YES, GIVE WAR OR DATES)	217-03			lle Ye	pager 92	3 Fr	enci	e As	70
gove rise to imme couse (a), stoting underlying cause PART 2 OTHER SIGN	PART 2 OTHER SIGNIFICANT CONDITIONS C			NOT RELATE			20b. 11 IN CE	F YES, WEF	RE FINDI	NGS USED 5 OF DEATH?
210. ACCIDENT WAS UNDE		OF INJURY		21c HOW I	NJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEN	A 18 PART 1 O	R PART 2)	
	OSE OF DEATH	A.M. MONTH D	AY YEAR							
(IF EITHER NOTIFY MEDIC	D 21e PLAC	21e PLACE OF INJURY			21f LOCATION			C	COUNTY STATE	
22s certify that (I)	2014 certify that (I) this happital attended the discovered from 19.83. To 10.30. 19.85. That (I) we saw the control film of the body attended from and that in (my) our) opinion death occurred on the date and hour and from the couses state to the well find did not see the body attended from the couses state.									couses stated
DIANA	A. (9R)	Haus	300	900	CATO	W AVE	Pa	ALT.	M	5. 2126
230 BURIAL, CREMATION, R					CREMATORY	23d LOCATION	4	con	NITY	STATE
Burial	11/2/	85 Lo	udon 1	Park Co	emetery	baltimo		ymd.		STAIC
M FUNERAL DIRECTOR		VOT. THE Y	- TIN		25a DAT	E REC'D. BY REGISTE			SIGNAT	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Ambrose, inc. 1328 Sulphbr Sp Rd.

NUV 01 1985 is avidoon yondan



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

d	E	REGISTRAR									
^		CEASED NAME FIRST	WIDDLE		AST	TO DATE OF DEATH HONTH DA	Y YEAR 26 HOUR				
1	(ITPE	Edward	J.	Yoor		10/9/198	5 10:038M				
	3 SEX		4. RACE	5. DATE C			UNDER I YEAR IF UNDER 24 HRS				
	Ma	le	White	1-	29-1920 YEAR	65 YRS	MIN.				
A		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVERMARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH				
5		ilto., MD	USA	WIDOWE		Baltimore Cit	ty, X				
	_	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION		120 USUAL OCCUPATION	126. KIND OF BUSINESS OR				
H	Ba	altimore	Union Mamor	Union Mamorial Hospital I			Foreman-Ret. Balto. Contr				
1	USUA 13a S		OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	Co.				
de la		ID	Balto.		YES 🔣 NO 🗌	3720 Mary Ave.	, 21206				
	14 FA	THER'S NAME Mirchael	MIDDLE YOUR		15 MOTHER'S MAIDEN NA	WE	Bak				
C					Mary		вак				
		AS DECEASED EVER IN U.S. AR	E WAR ORD ATEC		17 INFORMANT	ADDRESS					
	Ye	S Army WW II 218-05-6640A Marie R. DeLuca, 5908 Walther Ave.									
	1	REAL PART I DEATH WAS CAUSE	nly one couse per line for (a), (b), an	d Ic	Baltimore	, Maryland 2120	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ч		IMMEDIATE CAUSE (0) Cardio - pulmmany anest									
П			111								
		Conditions, if ony, which (b) Myocarchal infarction									
	- 1	cause 101, stoting the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF	V		5 days				
4			10 Septie s	nock			1 2 cologs				
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
4	110	114	- syllenie h	- 11		beles Welhole	O STATE OF THE STA				
	CERTIFICATION	196 DATE OF OPERATION	IN CONDITION FOR WHICH	SANTE	N WAS PERFORMED	THE THE PROPERTY OF THE PARTY O	WERE FINDINGS USED NG CAUSES OF DEATH?				
	ERTI	71a. ACCIDENT WAS UNDERLYING [THE TIME OF INJURY		The HOW INJURY OCCUR	TYPE TO YES	NO D				
9	-	OR CONTRIBUTING C CALIFE OF DEA	CONTRACTOR OF THE CONTRACTOR O	AY YEAR	THE PROPERTY OF CORE	ATO MONTH OF THE REAL PROPERTY.	T COPPORT 25				
	MEDICAL	FEBRUAR HOTEL MEDICAL EXAMPLES	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	19.	TH LOCATION	CONTRACTOR OF THE PARTY OF THE					
	MEC	214 INJURY OCCURRED	THE PLACE OF INJURY (AT MOME STREET FACTORY OFFICE F	ARM, ETC.)	THE TOCK HON	Cim ox rown	county state				
U		al con D al con D	1	0 1 1	41 60 10 PS	+1.00 6	WC 60				
	1	22s. I certify that (I) this hospi	The certify that (I) this hospital presided the deceased from actions 19 15, to octave 9, 19 85, that (I) (we) lost see that the course of the								
		72h SKONATURE	view the budy ofter death	DEGREE		22c DATE SIGNED					
		11 1	# 16		ATTENDING _	MEDICAL STAFF	10/0/2				
0	-	MI. PHYSICIAN'S NAME ITYPE O		wo	PHYSICIAN [DIRECTOR PHYSICIAN	11/1/00				
1	1		L. Griswell			n Memorial Hos	pital				

MPORTANT: If Hem 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

John Miller, Inc., 6415 Belair Rd. 21206

236. DATE

10-12-85

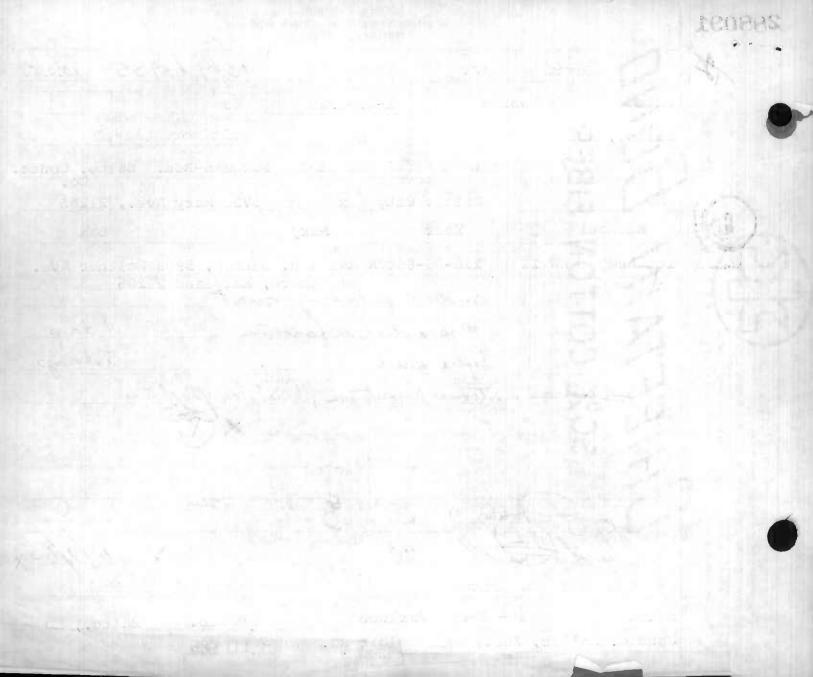
230. BURIAL, CREMATION, REMOVAL BURI'L A L

231. NAME OF CEMETERY OR CREMATORY Parkwood

23d LOCATION
CITY OF TOWN
Balto.

Balto.

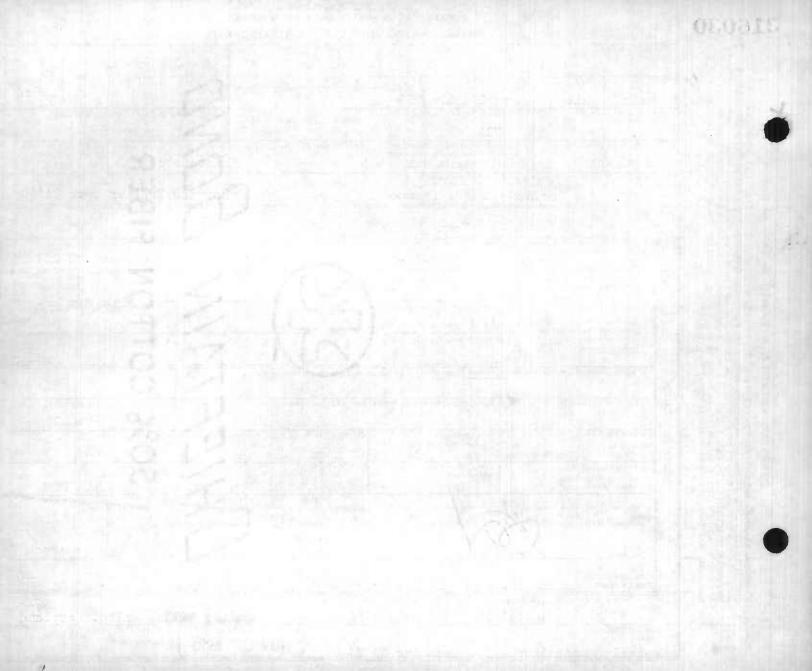
250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATOR

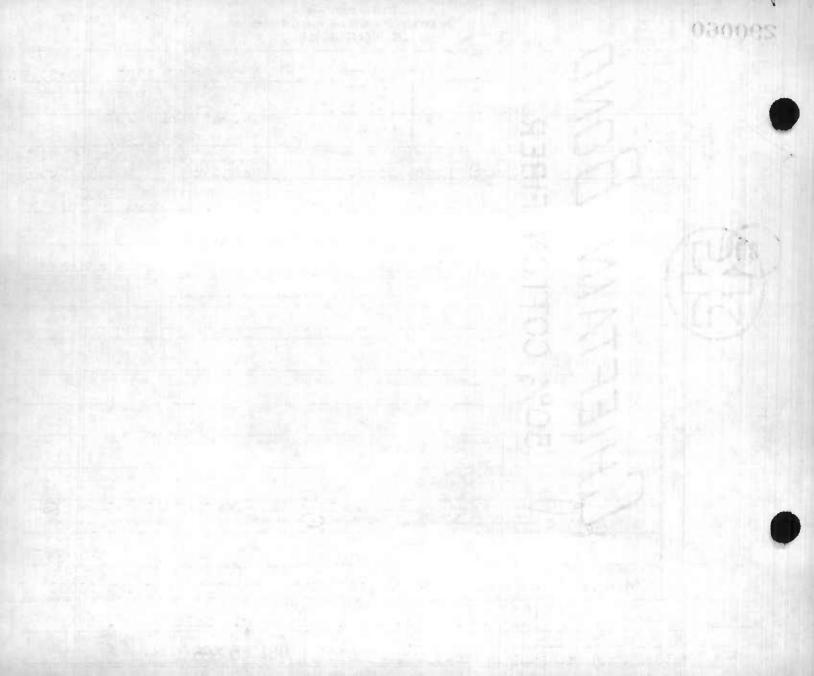


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2	87077	1-	STATE REGISTRAR					EXAMINER'					RFG.	0 .	2	line 1	,	
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	38 8 8 E	(14)	PE OR PRINT)		Josep	nh			Young		70	OF	ESTI- MATED		10	7 19	85	
	PLEASE ECTOR. FILES. HOURS	3 SE	X	4 RAC		5. DATE OF BIRTH	YEAR		UNDER 1 YR.			2c. DATE		MOM			YEAR 2	d. HOU
		M	ale	Bl	ack	3/8/19		56 YRS.	ONTHS DAYS	Hours	MIN	PRONOUN			10	7 19	85	:07
	S FOR YOUR STONE	70 B	IRTHPLACE (S	TATE OR		76 CITIZEN OF WH	AT COUN		RRIEDXX	EVER MARK	RIED 🗌	9 BALTIM		_			TH	100
	SAN		alt.Ma			U.S.A.			OWED 🗌		CED 🗆		altim		-	4		M
	>王の三名110	10 C	or town Balti			11. NAME OF HOSP	ILITY, GIVE ST	RSING HOME, OR TREET ADDRESS!	OTHER INSTIT	UTION	FOR A	AOST OF WOR	RKING LIFE)				DUSTRY	
	ASS ASS	USU.				ROTHER INSTITUTION, GIVE		-			ne	tire	a-Ji	inve	nı	Le C	oun	sel
21201	ANY DELA AND 3 TO AND	13a S	arylan	d	136 COUNT		13c CITY	or town ltimore	13d INSIDE	CITY LIMITS?	13e STR	S. C	ss ulve	er S	st.	44	1	
1	FUNDA .		ATHER'S NAMI	E	I ner	WIDDLE		LAST	IS. MOTI	HER'S MAID	EN NAME	N	AIDDLE	21,00		LAST		
1	#85.3800		homas					ang			Chal	mers						
C i	PESSE /	0	WAS DECEASE (ES. NO, OR UNKNO		I (IF YES, GIVE V	VAR OR DATES)	100	TAL SECURITY NO.	17. INFO				ADDRI					
BAL	AND	Y	es			/50-6/52		3-229042	Glo	ria	Youn	g 10	1S.	Cul	ver			
st.,	S S S S S S S S S S S S S S S S S S S		18 CAUSE C	F DEATH W	TH (Enter only VAS CAUSED	y one couse per line f BY:			2.							BETWEEN	I ONSET A	TERVAL ND DEATH
N O	A SERVICE A					E CAUSE (o)		rtensive	cardio	vascu.	lar d	iseas	e					
1533	NA A PER		Conditio	ns, if	ony, which	DOE TO, OR A	AS A CON	ISEQUENCE OF										
4	E SA		gove ri	se to	immediate g the under-	(b)	S A CON	ISEQUENCE OF										
100	N AN AN		lying cou			DOE 10, OK A	S A COIN	SEGOENCE OF										
100	AAND AAND		PART 2 OTHER S	IGNIFICAT	NT CONDITIONS C	ONTRIBUTING TO DEATH BO	JT NOT RELA	TEO TO THE TERMINAL O	SEASE OR CONDITI	ION GIVEN IN P	ART 1 (a)							
RECORDS	JUD BE EXCEPTION OF THE MEDICAL HEALTH A	NO.	13-11															
	RD "PE HIEF A USED A OF HE!	CERTIFICATION	190 DATE OF	OPER	ATION	196 CONDITE	ON FOR	WHICH OPERATIO	WAS PERFO	RMED?				2.11.3	DII.	20 AUT	OPSY?	
OF VITAL	A SECTION AND A	E										11 15				YES		K ON
O	WEN THE W	LOB	UNDERLYING	, 0	OR			DAY YEAR	HOW INJUR	RY OCCURR	ED LENTER N	NATURE OF IN	JURY IN ITEM	18 PART 1	OR PART 2)		
O.S.	PAR JOHN	MEDICAL	CONTRIBUTI	NG 🗌	CAUSE OF D	P.M.	E INTITION	19	LOCATION									
DIVISION	RE THIS CERTIFICATE SHOULD THE WRITING THE WORD "P PRWARDED TO THE CHIEF A REPAGE 3 SHOULD BE USED E STATE DEPARTMENT OF HE D, 21201 PR.OR TO	MEC	WHILE AT WORK			STREET, FACTO			STREET			CITY OR TO	WN		COUNT	Υ		STATE
	NER: THIS C CATE, WRIT FORWARD TOR: PAGE: THE STATE AND, 21201	18									(V)							
	WANATZ					e of the remains descri	,		topsy .	Inspectio		Inquiry	LJ.	ond in m	ny opini	on		
	MAN SEC		deoth result	ed Iron	Noture	ol couses .	Accident	Suicide		ricide	Undete	ermined mi	onner L	٦.				
	##0##		ACTUAL SIGNATURE	/(lu	us 19X4))1/h	Sh /Man		^(SPECIFY) istant	- MEDI	CALEYAA	AINIED	D.	ATE	10/	8/85	
	OEAL STATE	1			- 0.0100		1		-M.D. Till								07.0.	
	TO MEDICAL EXAMIN EXECUTE THE CIENTRIC PAGE 4 SHOULD BE FOR TO FUNRAL DIRECT AFTER DEATH WITH THE SALTIMORE, MARYLA	1	EXAMINER'S (TYPE OR PRI	NAME		ennis F.	Smytl	n, M.D.	ADDRESS	111	Penn	St.	Bal	to.,	MD.	•		
	584548	23 a. B	URIAL, CREMA	TION, F	REMOVAL 23	16. DATE		NAME OF CEMETER	Y OR CREMA	12RY	23d LO	CATION		1	COUNTY		MATE	111:
07/84 25M	BP		Burial UNERAL DIREC		/	914/83	6	arn and	ron-	3 V A	PECID ON	- 6H	A TALL O	500	2 -	200	54	MS
23.71	DHMH - 17	74.1	NAME	JOK	1	TO IODORESS -	-14	11/11/ach	da	OCT	9 1	85 3	richa &	KUHCA	No. 3	DANCE	6	el .

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31	6030	1.	FOR STATE				DEPART			ARYLAN AND M	ENTAL (YGIENE	6	8	5	2	
O1	10000		REGISTRAR		2017	MEI		EXAMI	NER'S	ERTIFIC	CATEO			REG. NO			
			CEASED NAM	E	FIRST		WIDDLE			LAST		2	DATE KN	STI.	MONTH	DAY YEA	IR 26 HOUR
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Anatomy Board

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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270 Certify that ((the baseled) attended the decased from 19 8 4 , and that in (my) (and apinian death accurred on the date and hour and from the causes stated above, ((and date) view the body diter death. 19 8 7 , and that in (my) (and apinian death accurred on the date and hour and from the causes stated above, ((and date) view the body diter death. 19 8 7 , and that in (my) (and apinian death accurred on the date and hour and from the causes stated above, ((and date) view the body diter death. 19 8 7 , and that in (my) (and apinian death accurred on the date and hour and from the causes stated above, ((and date) view the body diter death. 19 8 7	1				AIR									
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270 L certify that (I) (the baseled) attended the deceased from saw the deceased alive an above, (I) (and ali) view the body after death. 275 SIGNULE DEGREE ALIBERT B. BRADLEY, M.D. 276 NAME (IVPEORPRINT) ALIBERT B. BRADLEY, M.D. 278 NAME (IVPEORPRINT) DEGREE ALIBERT B. BRADLEY, M.D. 279 NAME OF CEMETERY OR CREMATION; REMOVAL 270 NAME OF CEMETERY OR CREMATORY Burial DEGREE 270 DATE SIGNED 271 DATE SIGNED 272 DATE SIGNED 272 DATE SIGNED 273 NAME (IVPEORPRINT) 274 DATE SIGNED 275 NAME OF CEMETERY OR CREMATORY 275 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE		×	NOT WE	THE [(AT HOME STE	REET, FACTORY, OFFICE	FARM ETC)	STREET	CHYC	RTOWN	COUN	117		STATE
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